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# THE CAROLINA JOURNAL of PHARMACY

NUMBER 1

VOLUME 60

JANUARY 1980



**1979 AWARD**—Milton W. Skolaut (right), Director of Pharmacy at the Duke University Medical Center, receives the 1979 Harvey A. K. Whitney Lecture Award from Jack Cronk, president of the Southeastern Michigan Society of Hospital Pharmacists at a ceremony Dec. 4 during the 14th Annual ASHP Midyear Clinical Meeting in Las Vegas. (Photo courtesy of the American Society of Hospital Pharmacists.)

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# THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

JANUARY 1980 VOLUME 60 NUMBER 1

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## NORTH CAROLINA WILL ERECT HISTORICAL MARKER ON CAPITOL GROUNDS, RALEIGH, MARKING SITE OF FOUNDING OF THE NCPHA

While numerous specials are being planned in connection with observance of the 100th anniversary of the founding of the North Carolina Pharmaceutical Association, set for Raleigh, April 13-15, 1980, a highlight of special significance will be the dedication of a historical marker on the grounds of the Capitol Building.

The marker inscription includes information about the organization of the NCPHA in the Senate Chamber of the Old Capitol Building plus name of first president: Edward Morse Nadal of Wilson. There are approximately 1200 such markers in the State at this time, but due to budgetary limitations, no new markers are expected to be approved in 1980.

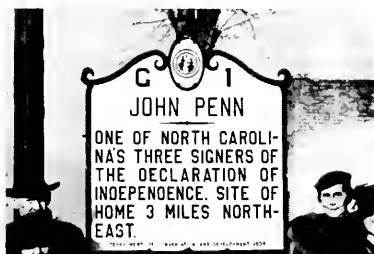
In 1978, in preparation for one phase of the 1980 NCPHA Centennial Celebration, the Association's executive committee assigned the historical marker project to Senator John T. Henley, Bill Wilson, then a member of the

Raleigh City Council, and W. J. Smith. In late 1978, the 3-member committee met with Jerry C. Cashion, head of the Research Branch in the Archaeology and Historic Preservation Section of the State Department of Archives and History. At the meeting Mr. Cashion outlined the procedure necessary for bringing the proposal to the attention of the 11-member Advisory Committee on Historical Markers.

The committee, composed of historians from Davidson College, Duke University, N. C. State College, University of North Carolina and Wake Forest College, met in early 1979 after the NCPHA had documented information about the founding of the NCPHA along with verification of authenticity of site. While the committee did not approve a number of marker applications, it did approve the NCPHA application.

The NCPHA historical marker was cast in mid-1979 and is now stored in the State Department of Archives and History Building in Raleigh in readiness for the dedication ceremony on Sunday afternoon, April 13. The dedication of the marker will follow a reenactment of the 1880 organization of the NCPHA in the Senate Chamber. Plans for the reenactment are now being completed.

A picture of the first North Carolina highway historical marker (dedicated January 10, 1936) appears below.



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## "WHAT MY PERSONAL CONTRIBUTIONS TO PHARMACY CAN DO TO HELP THE PROFESSION"

by J. Scott Gibson

Significant contributions to any profession occur in a very small percentage of those involved in that profession. And yet, changes are most often accomplished by the dedication and hard work of the majority. Therefore, while I'd like to think that my contribution to the pharmacy profession will be sweeping and grandiose, a more realistic statement is that I hope to become a part of a movement that will increase the respect, the responsibility, and the worthiness, of the pharmacy profession.

In my five years of pharmacy school, I've seen many of my older friends, newly registered, preach these same thoughts and then rest comfortably on their laurels behind a high volume, chain store counter. I've seen pharmacists become *store managers* in less than six months. In my opinion, many of these people lose sight of their profession—they don't have time to talk to patients, it's too expensive to have medication profile systems, etc. For example, in the brief time that I worked for a major chain, I spent 50% of my time telling people where the oil was located or if the new Polaroids had come in. This experience quickly turned my interest to hospital pharmacy.

Despite the poor professional image many retail pharmacists maintain, I still believe that it is possible to become a professional in the retail setting. If that were my interest, then I certainly would spend hours trying to find a method by which I could talk to patients and still be an effective manager.

My true interest, however, is in the hospital setting. It is there that I believe I can accomplish the most for the pharmacy profession. A pharmacist's responsibility, I think, is to dispense medication accurately, monitor for dosing (and etc.) errors, and watch for drug interactions. Naturally, this is most easily accomplished in the hospital. There the pharmacist has the medication profile sheet with a complete list of the patient's medications, easy access to both the doctor and the patient, and a one-day system of dispensing (unit dose). For example, last summer I worked at Glenn R. Frye Hospital in Hickory. The pharmacists there are working to make this HPI pharmacy the best—and most clinically

oriented—in the state. They have a growing rapport with the physicians; they make use of unit dose; they attend all codes; they operate a drug information service; and they've recently begun to make "rounds." It's easy to see why both the doctors and the patients have much more contact with—and respect for—these pharmacists as opposed to the usual "druggist."

This is the kind of setting I plan to get in after I graduate. To me, the greatest indicator for the worth of a profession, is what the public feels about the members of that profession. Consequently, to improve the "image of pharmacy" in the public eyes, I feel that pharmacists must exert more effort in the clinical (patient-oriented) field. That's what I think the main thrust of our profession will be in the next 10 years.

This summer, I developed some new ideas of my own regarding this move toward clinical pharmacy. I think that, to be most effective in the different duties required of a RPh, those responsibilities should be specified to individuals. For instance, I appointed myself drug interactions "expert" and prepared several case studies on problems I found with my limited experience. These studies were well received, and served to eliminate identical problems. With one RPh to really concentrate in this area, I believe this could be an effective and accurate hospital service. Another example is an IV pharmacist in charge of monitoring incompatibilities, patient parenteral nutrition needs, etc. These are examples of how a pharmacy can be effective as a unit, and yet the continuing education can be more specific (and more detailed) for the individual pharmacist. These, of course, are "divisions" in the areas within the pharmacy. Further divisions in the hospital are possible. For example, one RPh may make rounds in the cardiology section, another in the infectious disease section, etc.

At any rate, I feel like my responsibility to pharmacy lies in this kind of clinically-oriented setting. I have classmates that scoff at this view and tell me that I just "like to play doctor." One particular friend says that he'll be perfectly happy to make \$22,000



**Personal Contributions (Continued)**

standing behind a counter all day. I feel that this cheats pharmacy, it cheats the patient, and it cheats the pharmacist. What a waste of time to go to school for *five* years just to learn how to type a label and know the names of drugs on the shelf.

I have my own ideas about what I can do to help the profession of pharmacy. Like I said before, my contribution will be to join in what I feel is the patient-oriented movement. In other words, my contribution and work for the *patient*, is contribution to the *profession*. There's no guarantee that I'll always feel this way—many of my friends showed me how easy it is to forget. I do have one incentive, however. Working as a "druggist"... bored me to tears.

*\*Editor's Note:* The final examination in Assistant Professor Leonard Berlow's course, "Pharmacy Public Relations" (a professional option course), requires students to write an 800-1500 word essay on one of six different topics. As students entered the examination room, they selected one of these six topics at random (papers were placed face down). Scott Gibson, a 5/5 student from Hickory, NC, choose this subject. Because of the quality of this impromptu paper, it is submitted to this *Journal* for publication consideration. We are delighted to publish Scott's paper with a few minor editorial changes. His message is important to all of us.



**Jacob Miller**

## **JACOB MILLER JOINS A. H. ROBINS AS MANAGER OF PROFESSIONAL RELATIONS**

Jacob W. Miller, a Topeka, Kansas community pharmacist and immediate past president of the American Pharmaceutical Association, joined A. H. Robins Company November 1 as manager of professional relations.

The appointment was announced by president E. Claiborne Robins Jr., who said Miller will serve as the company's liaison with boards of pharmacy, state and national pharmaceutical organizations and other segments of the health care professions.

"Mr. Miller comes to A. H. Robins with a reputation as one of the nation's most respected pharmacists. His affiliation with the company underscores our continuing commitment to work for the betterment of pharmacy in all areas and at all levels," Robins stated.

Miller, who has practiced pharmacy in Topeka since 1961, holds a Bachelor of Science degree in pharmacy from the University of Kentucky and a Juris Doctor degree from Washburn University of Topeka.

Prior to becoming its 126th president in May 1978, Miller served the American Pharmaceutical Association as chairman of its policy committee, vice president, speaker of its House of Delegates and a trustee.

In addition to the American Pharmaceutical Association, he is a member and past president of the Kansas Pharmacists Association and a member of the National Association of Retail Druggists, the National Association of Boards of Pharmacy and the American Society for Pharmacy Law.

Miller was honored by the University of Kentucky in 1975 as "Distinguished Kentuckian in Pharmacy" and was presented the A. H. Robins "Bowl of Hygeia" Award for outstanding community service by pharmacists by the Kansas Pharmacists Association in 1976.

In 1978, the Kansas Pharmacists Association designated Miller as its "Pharmacist of the Year" and he also was the recipient of the University of Kansas College of Pharmacy's Distinguished Service Award.

## NORTH CAROLINA PHARMACIES AND THE LILLY DIGEST

Averages per Pharmacy	1978		1977		1978	
	NORTH CAROLINA		NORTH CAROLINA		UNITED STATES	
	(36 Pharmacies)		(45 Pharmacies)		AVERAGE	
					(1,556 Pharmacies)	
Sales						
Prescription	\$193,753—	60.8%		59.0%		51.2%
Other	124,934—	39.2%		41.0%		48.8%
Total	\$318,687—	100.0%	\$274,643—	100.0%	\$345,302—	100.0%
Cost of goods sold	204,906—	64.3%		64.5%		65.3%
Gross margin	\$113,781—	35.7%		35.5%		34.7%
Expenses						
Proprietor's or manager's salary	\$ 25,559—	8.0%		8.3%		6.9%
Employees' wages	39,691—	12.5%		11.5%		11.6%
Rent	6,386—	2.0%		2.4%		2.4%
Miscellaneous expenses	31,044—	9.7%		9.9%		10.5%
Total expenses	\$102,680—	32.2%		32.1%		31.4%
Net profit (before taxes)	\$ 11,101—	3.5%		3.4%		3.3%
Total income of self-employed proprietor (Before taxes on income and profits)	\$ 36,660—	11.5%		11.7%		10.2%
Value of inventory at cost and as a percent of sales						
Prescription	\$ 22,085—	11.4%		10.8%		12.0%
Other	28,830—	23.1%		23.4%		21.2%
Total	\$ 50,915—	16.0%		16.0%		16.5%
Annual rate of turnover of inventory	4.2 times		4.2 times		4.1 times	
Number of prescriptions dispensed						
New	13,871—	44.4%		43.0%		48.4%
Renewed	17,375—	55.6%		57.0%		51.6%
Total	\$ 31,246—	100.0%		100.0%		100.0%
Prescription charge	\$6.20		\$5.83		\$6.57	
Number of hours per week						
Pharmacy was open	62 hours		61 hours		65 hours	
Worked by proprietor	45 hours		44 hours		50 hours	
Worked by employed pharmacist(s)	31 hours		30 hours		46 hours	

\*Source: 1979 Lilly Digest

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## SOUTH CAROLINA LISTINGS:

- |  |  |  |
|--|--|--|
| <p>1. Volume: \$325,000<br/>Inventory: \$90,000<br/>110 Prescriptions daily<br/>Accts. Rec: \$18,000<br/>47% Rx Volume<br/>5,000 Sq. Ft.<br/>Piedmont Area</p> | <p>2. Volume: \$144,000<br/>Inventory: \$52,000<br/>Accts. Rec. \$2,000<br/>5,000 Sq. Ft.<br/>Sales Price: \$33,500<br/>Small eastern Town</p> | <p>3. Volume: Apx. \$250,000<br/>Excellent Growth Potential<br/>Rent: \$250 month<br/>Excellent Gross Profit<br/>3,500 Sq. Ft.<br/>Low Overhead<br/>Sales Price: \$110,000<br/>Small Central SC Town</p> |
|--|--|--|

ADDITIONAL NORTH CAROLINA LISTINGS ARE NEEDED NOW DUE TO RECENT SALES!!!

**JAMES WAY HONORED  
AS  
PHARMACIST OF THE YEAR**



The Forsyth County Pharmaceutical Society met Sunday December 16 to honor James A. Way as pharmacist of the year. President Elizabeth Ayers presented Pharmacist Way with a mortar and pestle on the occasion. On the program were Rev. J. L. Hawkins of First Presbyterian, Pharmacist Wade Gilliam, Pharmacist Gilbert Hartis, Sr., Dr. David Work of the North Carolina Board of Pharmacy, and former State Representative Ned R. Smith.

Mr. Way was selected pharmacist of the year for his activities both professionally and in the community. Mr. Way became a pharmacist in 1938 and has practiced in Winston-Salem since 1941. His current place of practice is Andrews Summit Pharmacy on Reynolda Road. His community activities involve service as a deacon and elder at First Presbyterian Church, Membership on the Forsyth County Board of Health, and the North Carolina Board of Pharmacy.

Mr. Way is married to Linda King Way and they have two children; Mrs. Diane Gower and Mr. Stephen Way.

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## HOW WELL DO YOU KNOW N. C. PHARMACY HISTORY?

The first five persons who correctly answer these ten questions, in writing, will receive a mortar and pestle, compliments of the North Carolina Pharmaceutical Association.

In responding, last name will suffice; you can omit full name or initials.

Send your answers in 1 to 10 sequence to: NCPHA Historical Committee, N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, N. C. 27514 together with your name, address and zip.

List of winners will appear later in The Carolina Journal of Pharmacy.

1. What world-famous soft drink was formulated and marketed by a member of the N. C. Pharmaceutical Association?
2. Name of the NCPHA member who became one of the nation's best known authors.
3. Who was the first woman pharmacist to be licensed in North Carolina?
4. Name of person who helped organize the NCPHA and later served as Secretary of the United States Navy?
5. One pharmacist served two consecutive terms as President of the NCPHA. His name?
6. A School of Pharmacy was located in Greensboro prior to 1915. Name of School?
7. One N. C. pharmacist has served as (a) President of the APhA and one as (b) President of the NARD. Their names?
8. This pharmacist is President of the North Carolina Association of Independent Colleges & Universities. His name?
9. Name of N. C. pharmacist who served 22 years in Congress. His name?
10. Name of nationally-known effervescent proprietary product first formulated in Chapel Hill. Name?

### EDWARD MORSE NADAL

*(First President of the N. C. Pharmaceutical Association)*

The Nadal Family came to Wilson, North Carolina from Washington, North Carolina at the outbreak of the Civil War. Anthony Nadal had moved to Washington from the West Indies shortly before the Civil War and married his brother's widow, Sarah Morse Nadal, who had one son: Edward Morse Nadal.

Mr. Nadal came with the family to Wilson, bought a farm a mile south of Wilson and a lot occupying nearly half a square in the center of the town, where they lived, with Mr. Nadal operating a drug store on the corner of Nash and Tarboro Streets. The Nadal Family had a large country home to which they repaired for recreation.

Edward Morse Nadal was a versatile man and an intellectual one. His student, Josephus Daniels, said of him that he was equally at home as teacher, surveyor and pharmacist. He attended Horner's School at Oxford and

left school in 1861 to later enter the Confederate Army (1st Sergeant Company H, 75th N. C. Confederate Cavalry-Regiment, C.S.A.).

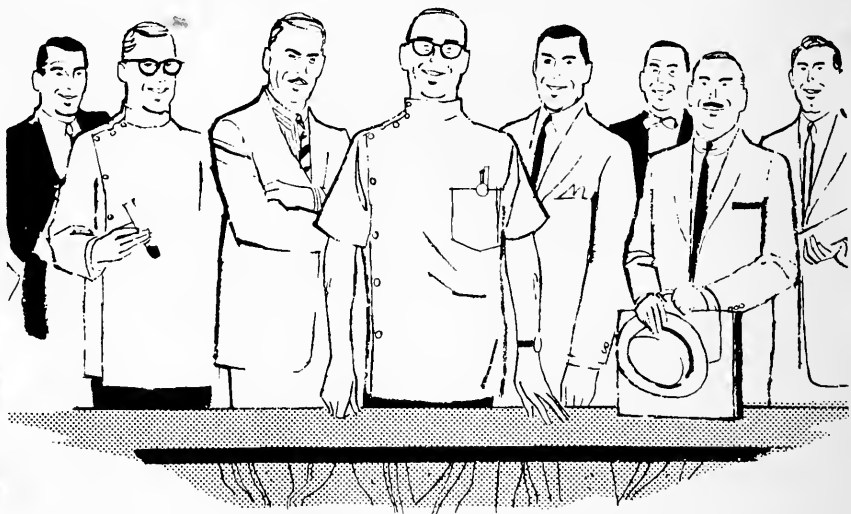
After the war he taught in the Wilson Collegiate Institute. He owned a drug store and busied himself with teaching, surveying and running the drug store. In later years, he abandoned teaching to devote full time to business. He established the Wilson Home and Loan Association and was first secretary and treasurer. He was instrumental in founding the N. C. Pharmaceutical Association and served as its first president.

The NCPHA expresses its thanks to Mr. and Mr. Haywood Jones of Zebulon who obtained this information about Mr. Nadal and his family from historical records in Wilson County.

**PLAN NOW TO ATTEND THE CENTENNIAL CONVENTION OF THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION, APRIL 13, 14 & 15, 1980 AT THE HILTON INN, RALEIGH.**

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## WHAT'S NEXT: Making USP DI work for you

By: Keith W. Johnson, Director, Research and Development, Drug Information Division,  
United States Pharmacopoeial Convention

The information for a new system of dispensing information is now available with the first edition of *USP Dispensing Information* (USP DI). Although planning for and development of this first edition goes back several years, it is only now—with the information in hand—that its applicability to the practice of pharmacy can really be appreciated.

### What does USP DI offer the pharmacy practitioner?

*First, and most obviously,* it offers a sound information base. No other reference specifically addresses those sets of information applicable to that point in time *after* the decision to prescribe has been made. DI focuses on what should be considered if safe and effective use of a medication is to be expected. Accordingly, the information may be of value to the physician who is prescribing, the pharmacist who is dispensing, counseling, and/or monitoring, the nurse who is administering, and most certainly to the patient who is using the medication.

### Some of the advantages of the information base itself can be characterized as follows:

- Issues such as conflicting or poorly defined information, or uncertainty about the potential clinical significance of existing and new data are addressed by USPC advisory panels. Value judgments are made, although the information is not intended as a substitute for the professional judgment of the dispenser.
- Unlabeled (commonly known as "not approved") uses or doses are included where USPC's consensus system has indicated the appropriateness of such inclusions.
- Patient consultation guidelines are included, and a patient advice section written in lay language provides a useful tool for patient education.
- The information is the consensus of a nationwide system to obtain drug use information that the prescriber can expect the dispenser to consider in monitoring drug use and in counseling the patient. Physicians, pharmacists, and dentists serving on the USP Committee of Revision form the core for the development. This core is supplemented by over 200 experts serving on 22 medical, dental, pharmacy, and nursing advisory panels. The drafted materials are then made available for general review through USP Comment Proof. For the first edition, nearly 500 copies of each issue of CP were distributed for review. Approximately 200 of these went to schools of medicine and pharmacy and to state associations of medicine and pharmacy, where they were often reproduced for wide review within the institution. The bulk of the remainder went to the pharmaceutical industry, various state and federal government agencies, and national associations interested in drug-use information.
- The information is under constant revision. Information on important newly marketed drugs as well as significant changes in the existing DI base is provided by means of bimonthly updates to the annual volume.

*Second, and less obviously,* DI offers the profession of pharmacy alternative approaches.

Primarily, it provides a flexible base that, if effectively used, will promote the development of the counseling and monitoring roles of the pharmacist. That is, DI can contribute to the alternative of growth within the profession.

At this time, DI offers an alternative to further federal government involvement. But again, only if it is effectively applied. With the strong push towards mandatory patient package inserts for virtually all drugs, the only effective counter would seem to be the voluntary actions of the professions to provide something superior both in content and in effectiveness. If health care providers effectively develop and apply patient drug-use education programs, a large part of the underlying reason and sense of urgency for FDA's intervention into our professional affairs would dissipate.

USPC has started the ball rolling. If we expect to keep it rolling, we will all have to work together.

(Continued on Page 15)



*Lydia A. Raimondi*  
Duquesne U.

*Brian A. McDonald*  
Ferris State College

*Stephen E. Blass*  
U. of California,  
San Francisco.

*James H. Schaeffer*  
Wayne State U.

## Remember the summer of '79?

Last summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process . . . learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '79.

**Upjohn**

©1979, The Upjohn Company, Kalamazoo, Michigan 49001



**USP DI (continued)****How?**

*Counsel your patients*—Ideally, oral consultation should be reinforced by written information. Use DI imaginatively. For instance, a group has developed Spanish (leaflets) and Navajo (audio cassettes) translations for use on a trial basis. Other pharmacists have used three varying-length leaflets of DI with their patients. A flexible approach is critical. One cannot expect to use the same level of information for all patients (as FDA proposes) and at the same time expect to maximize positive outcomes. Every patient is different.

Only the practitioner is in a position to understand the individual patient and his or her needs. No single piece of paper, no single set of words, can best serve all patients or all situations. That's why USP is dedicated to providing a system, not just a book.

USPC will encourage the transferral of DI to the patient by making available a variety of patient education tools. These include leaflets as well as consumer-oriented booklets. At the same time, USPC will serve as a focal point for exchange of ideas. *USP DI Update*, the bimonthly newsletter, will serve as the exchange mechanism.

In addition, USPC will attempt to foster general public awareness of the importance of drug-use information. The pharmacist has a responsibility to counsel, but the patient also has responsibilities. The first project along these lines is the provision of material, abstracted from USP DI, to newspapers to run on a public service basis.

*Let people know what you're doing*—Your programs, no matter how good they may be, will not have an effect on governmental considerations if the government does not know about them. Feel free to use *USP DI Update* as your platform.

*Contribute to the continuous revision of USP DI*—DI is your system. Actively work with your state association or state board in reviewing draft DI (via *USP DI Review*). If you disagree with something in DI, let us know. Tell us how to make it better. All comments received will be reviewed and considered in the revision of DI.

USPC has taken the initiative. We are in an ideal position to do so in that we have an established system as well as the expertise available to us that is required to develop and maintain the information base. In addition, the fact that we are biprofessional—medicine and pharmacy—offers obvious advantages in the development of programs that are of concern to both professions.

We will continue to take the initiative. But we have to work together.

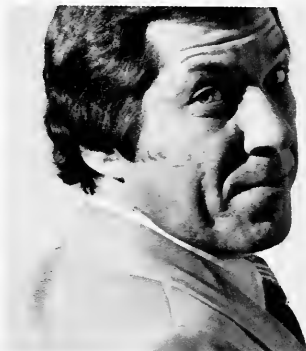


Recently, Town and Country Drugs, Taylorsville, was recognized for outstanding community health service and commemorating the dispensing of one million prescriptions. Abbott Laboratories was pleased to present them with an engraved Golden Hour Clock commemorating this occasion.

Henry Britt, (dark coat) presents the clock to Lewis Ferguson, Phil Icard and Larry Jones, pharmacists at Town and Country Drugs.

# HE LEFT TOWN OWING YOU MONEY.

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## ELECTION COMMITTEE REPORT

The Election Committee of the North Carolina Pharmaceutical Association has opened the 1979 ballots, tallied them and the winning candidates are:

*First Vice-President, NCPHA*

(President Elect)

Marshall Sasser, Smithfield

*Second Vice-President, NCPHA*

Ernest J. Rabil, Winston-Salem

*Third Vice-President, NCPHA*

Julian E. Upchurch, Jr., Durham

*Member of the Executive Committee*

*for a one year term*

H. Shelton Brown, Jr. Cary

Evelyn P. Lloyd, Hillsborough

Julius F. Howard, Wilmington

*Member of the N. C. Board of*

*Pharmacy for a 5 year term*

William H. Randall, Lillington

*Director of the N. C. Pharmaceutical*

*Research Foundation*

David D. Claytor, Chapel Hill

John C. Hood, Kinston

L. Milton Whaley, Durham

Tom R. Burgiss, Sparta

*The Election Committee, NCPHA*

William T. Kesler

Linda L. Butler

Robert L. Smith

Henry L. Smith

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Jeff Stillwagon, Manager

## CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met December 11, 1979 at the Park Road YWCA for a noon luncheon. The "Sweet Adelines" sang and members brought gifts for the Broughton Hospital patients.

On December 22, 1979, President Mary Lou Davis and husband, Leslie held open house for members and spouses from 3-5 p.m. at their home. Assisting Mrs. Davis were Mrs. D. T. Corwin, Mrs. E. C. Anselment, Mrs. F. F. F. Potter and Mrs. Gilbert Colina. Mrs. Charles Martin provided Christmas music.

## GUILFORD COUNTY SOCIETY OF PHARMACISTS

The Guilford County Society of Pharmacists' January meeting was held on Wednesday the 9th at 8 p.m. in the Thompson Auditorium at Wesley Long Hospital. Speaker for the evening was Earle Stramoski, a specialist in poison control on the staff at Moses Cone Hospital Pharmacy. Dr. Stramoski discussed common household poisonings and their treatment, and the role of pharmacists as a source of information in this area.

The business session following the program included the nomination of officers for 1980. They are: President—David Wheeler; President-Elect—Charles Murphy; Vice-President (Program Chairman)—Debbie Houston; Secretary-Treasurer—Frank Burton.

Jack Upton of Cone Hospital discussed an inquiry he had from a local physician as to what criteria Greensboro pharmacists were using to determine which generic brands and what drug categories they selected when exercising drug product selection under the new N. C. law. Several possible ways of responding to this, and any other similar questions the Greensboro medical community may have, were discussed by the members present.

Society members were reminded that Poison Prevention Week was coming up soon and to be thinking of ways the Society may want to participate this year.

Respectfully submitted,

J. Frank Burton, Secretary

## LOCAL NEWS

### PINEHURST

Hal Reaves, Jr., has been elected to the Board of Directors of the Pinehurst Village Merchants Association, which was recently formed. Reaves is a 1963 graduate of the UNC School of Pharmacy and is associated with his father in operating Medical Center Pharmacy in Pinehurst.

### ROXBORO

Ridge Road Drugs, operated by Jeff Fitzgerald, opened in Roxboro in November. Fitzgerald is a 1979 graduate of the UNC School of Pharmacy and has been employed by Eckerd's Drugs, Durham, and the Prescription Shop, Roxboro.

### FAISON

Faison Pharmacy opened in November in the Duplin County community of Faison. Julie Scott Lane, Doc Brinson and Earl Hatcher of the Kenansville Drug Store are owners and the store will be managed by Mrs. Lane, a 1979 graduate of the UNC School of Pharmacy.

### SHELBY

A man and a woman were discovered searching through drawers in Eckerd's Drug Store, on Thursday, October 29, and ordered to leave the store by the manager. The store was the scene of an attempted armed robbery the previous day, when the manager was locked in a storage room by a masked bandit. Nothing was reported missing.

### HICKORY

Tom Winters, who was employed at Glenn R. Frye Memorial Hospital in 1974, has returned to the hospital as chief pharmacist. Winters replaced Howard Kivett, who is working for a private pharmacy. For the last five years, Winters has been director of pharmacy at Gordon H. Crowell Memorial Hospital in Lincolnton.

### MT. OLIVE

Boyd Drugs, Inc. is one of the few pharmacies in the state with a Radio Shack department. Featuring the TRS-80 Computer, Boyd Drug is probably the only drug store which *sells* computers in North Carolina. Staffed by Shelton and Bob Boyd, the pharmacy was started in 1949 and now has ten employees.

### PRINCETON

Barney Paul Woodard, Princeton pharmacist and member of the N. C. House of Representatives, has announced he will run for the N. C. Senate. Woodard, who has served five terms in the House, is a past recipient of the A. H. Robins Bowl of Hygeia Award and a former member of the NCPHA Executive Committee.

### HILLSBOROUGH

Evelyn Lloyd has been re-appointed to the Historic Hillsborough Commission for a six-year term by Governor Jim Hunt. Four new members were appointed and six members were re-appointed. Miss Lloyd was sworn in on January 13, 1980.

*"Service in Wholesale Quantities"*



## MIDWAY

Thieves broke into the Midway Pharmacy over the Thanksgiving holiday, but nothing was taken. Attempting to enter the store through the roof, the thieves fell through the ceiling, landing on a display of baby diapers which broke the fall. An alarm was set off but the thieves escaped.

## BEAUFORT

Intruders broke into Bell's Drug Store in the early morning Tuesday, December 11, and broke out through the front window, after a tear gas bomb exploded in a safe they had opened. Reported missing were some money and controlled substances. Entry was made through the ceiling.

## KINGS MOUNTAIN

Revco Drug Store was robbed Wednesday, October 10, by an armed bandit who demanded drugs. A large quantity of drugs was taken by the man who was armed with a .38 caliber pistol.

## GROVER

Two men armed with a shotgun robbed the Medi-Fare Drug Center about 6 p.m. Thursday, November 29. According to owner, Quint McCoy, he and two employees were in the store when the men came in and demanded drugs and money. No one was injured.

## WILMINGTON

V. J. Lindenschmidt has joined Toms Drug Company after 36 years with Walgreen. He

had worked with Walgreen in Evansville, Indiana, Louisville, Winston-Salem, Durham, Greenville, Atlanta and Chicago.

## BETHLEHEM

Thieves stole drugs and other property valued at over \$1300 early December, from the Bethlehem Pharmacy on N. C. 127. The intruders entered the building through a heating vent and made off with drugs, watches, radios and other property.

## KINGS MOUNTAIN

Fays Drugs, Inc. was the scene of a robbery, Saturday October 17, when two men, armed with handguns and wearing ski masks, entered the store and made off with a quantity of controlled substances. The two men and a female companion were arrested by Gaston County police a short time later.

## WILMINGTON

Central Drug Co. was robbed of \$50.00 in cash and was damaged in excess of \$8,000 the middle of September. The thieves ransacked drawers and broke into two coin machines. Drugs and merchandise were scattered on the floor.

## GASTONIA

Eckerd's Drug Store was broken into Tuesday night, August 28, and a quantity of drugs was taken. The front glass was smashed and the break-in was discovered about 7:15 a.m.

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GORDON G. HAMRICK  
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## POISON PREVENTION PACKAGING

The Poison Prevention Packaging Act of 1970, administered by the U. S. Consumer Product Safety Commission, is a powerful weapon to reduce poisonings among small children. The Act provides that certain household products which are found to be hazardous or potentially hazardous must be sold in *safety packaging* that most children under five years of age cannot open if these products are in packages for use in or around the household.

Currently required to be in safety packaging by regulations promulgated under the Poison Prevention Packaging Act are the following drugs:

1. human prescription drugs in oral dosage forms;
2. all controlled drugs in dosage forms intended for oral administration;
3. aspirin products, except for certain effervescent and powder forms;
4. methyl salicylate (oil of wintergreen).

Other regulated products which may be found in establishments where pharmacies are located include:

1. certain furniture polishes;
2. preparations, containing potassium and/or sodium hydroxide (certain oven and drain cleaners);
3. turpentine;
4. lighter fluid;
5. sulfuric acid;
6. ethylene glycol (anti-freeze);
7. methyl alcohol (windshield washer solution).

**NOTE:** Exemptions have been granted for drugs to which patients need rapid access. These are isosorbide dinitrate and nitroglycerin. Others have been proposed for exemption. Future regulations will cover iron preparations and veterinary prescription drugs. Careful monitoring of accidental ingestion data and other statistics may show in the future the need for regulations covering camphor and antihistamines.

The child-resistant containers for these substances must be sufficiently difficult that they cannot be opened by 80 percent of children under five but they must allow access to at least 90 percent of adults, who will then be able to open and properly close the packaging

conveniently.

The law does *not* require that the packaging be so difficult to open that *no* children can gain access to the contents. If the law did require this, then many adults would not be able to open the packages either. Therefore, the packaging that is on the market is a compromise—between opening ease for adults and difficult access for children. While this results in some slight inconvenience to all of us, remember that these new packages are designed to save the lives of children!

For the few people—the very old and those with handicaps such as arthritis—who may find it impossible to use this new safety packaging, the law allows two ways to provide traditional easy-to-open packaging:

1. A manufacturer can market one size of the product in conventional packaging if other packages of the same product are on the market in safety packaging. However, in these exceptions, the label must clearly state:

**This package for households  
without young children.**

or if the package is small;

**Package not child-resistant.**

2. The prescribing physician or consumer may request that *prescription medicines* be put into ordinary packaging without safety features. Although some pharmacists may ask for a written statement from a purchaser before providing a conventional closure, this is *not* a requirement of the Federal law.

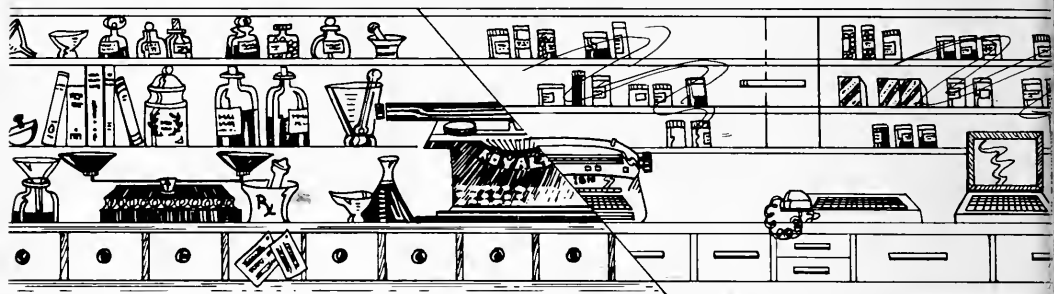
**NOTE TO PHARMACISTS:** The U. S. Consumer Product Safety Commission wants those who find the containers difficult to open to be aware that conventional packaging is available. The pharmacist may post a sign or inform a customer of these options under the Law, but he must leave the choice up to the purchaser.

**Blanket Waivers:** A purchaser may request that all of his or her prescriptions be dispensed in non-complying packaging. However, this option is limited to the purchaser.

However, with conventional packaging, the safety potential of poison prevention packaging is eliminated. The need is even greater for

(Continued on Page 23)

# TIME TO MODERNIZE?



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careful handling and storage of the substance on hand.

*Refilling Prescriptions:* Because safety closures can lose their effectiveness through repeated use, new packaging must be used when prescriptions are refilled. However, when glass containers are used, using new caps for refills fulfills the poison prevention packaging requirements.

For those drugs packaged in containers which are intended by the manufacturer to be dispensed to the consumer in the original package, the obligation to provide special packaging rests with the manufacturer. (This does not, however, relieve the pharmacist of the obligation to inspect those packages which he receives, and in the absence of special packaging, to provide the same.)

### SUBSTANCES COVERED UNDER THE POISON PREVENTION PACKAGING ACT

- \*1. Aspirin
- 2. Furniture Polish—nonemulsion with 10% or more mineral seal oil and/or other petroleum distillates
- 3. Methyl Salicylate (Oil of Wintergreen)—more than 5% by weight
- \*4. Controlled Drugs
- 5. Sodium and/or Potassium Hydroxide—dry form 10% or more by weight, all others 2% or more by weight
- 6. Turpentine—10% or more by weight
- 7. Kindling and/or illuminating Preparations—10% or more by weight petroleum distillates
- 8. Methyl Alcohol (Methanol)—4% or more by weight
- 9. Sulfuric Acid—10% or more by weight
- \*10. Prescription Drugs (Human Oral)
- 11. Ethylene Glycol—10% or more by weight
- 12. Pain Solvents—10% or more by weight benzene, toluene, xylene, petroleum distillates or combination thereof
- \*13. Iron Containing Drugs—250 mg or more elemental iron
- \*14. Dietary Supplements Containing Iron—250 mg or more elemental iron
- \*15. Acetaminophen—more than one gram (Final order 8/31/79 effective 2/27/80)

\*Probably in a Pharmacy as an over the counter or prescription item.

### PRESCRIPTION DRUG EXEMPTIONS

- (i) Sublingual dosage forms of nitroglycerin
- (ii) Sublingual and chewable forms of isosorbide dinitrate in strengths of 5 mg or less per dosage unit. This level may be raised to 10 mg. (10 mg still must be in special packaging)
- (iii) Erythromycin ethylsuccinate granules for oral suspensions and oral suspensions containing no more than 8 gm erythromycin.
- (iv) Cyclically administered oral contraceptives in manufacturers' mnemonic (memory-aid) dispenser packages, which rely solely upon the activity of one or more of the following progestogen and estrogen substances: Dimethisterone, ethinyl estradiol, ethynodiol diacetate, mestranol, norethindrone, norethynodrel, or norgestrel and which provide not more than the following amounts of these substances per package: 150.0 milligrams of dimethisterone, 2.2 milligrams of ethinyl estradiol, 21.0 milligrams of ethynodiol diacetate, 6.0 milligrams of mestranol, 200.0 milligrams of norethindrone, 105.0 milligrams of norethynodrel, or 10.5 milligrams of norgestrel.
- (v) Anhydrous cholestyramine (chloride salt of a basic anion-exchange resin) in powder form.
- (vi) Potassium supplements which are individually packaged effervescent tablets, each containing not more than 25 milliequivalents of potassium. It was proposed to change the 25 milliequivalents to 50 milliequivalents (50 milliequivalents must still be in special packaging).
- (vii) Aqueous solutions of sodium fluoride containing no more than 264 milligrams of sodium fluoride per package.
- (viii) Betamethasone tablets packaged in manufacturers' dispenser packages, containing no more than 12.6 milligrams betamethasone.
- (ix) Mebendazole in tablet form in packages containing not more than 600 mg of the drug.
- (x) Methylprednisolone in tablet form in

(Continued on Page 25)

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## LETTERS

TO: Shelton Brown, Jr. Project Director, TCC

Dear Shelton:

It is with regret that Swain Rexall Drug Store 87500-5 must give you our thirty days written notice informing you of our intent to drop the title 19 drug program. I will enumerate the reasons for dropping the program.

1. **NON PAYMENT OF REFILLS:** With the cost of living going up every day and one eighteen cent raise per prescription in five years we can no longer afford to fill your prescriptions without a fee. Over the last five years, we, at a minimum, have filled over \$3000 worth of prescriptions without reimbursement.
2. **Lack of interest on our money:** For ten years the State of North Carolina Title 19 program has been in debt to us for an average of appr. \$7000. Interest rates today are 20% or greater if we have to borrow and we can earn 12.5% on our monies on deposit. We are paying \$1400 interest on the sum you owe or we could earn \$1000 per year for that amount, if on deposit.
3. **Lack of auditing documentation on our Remittance and status report:** We must

have an audit code # placed by each prescription, not just the ones that benefit you. All Rx should be coded where the price is less than AWP plus \$2.68 and also by each prescription that is absolutely correct. It is not feasible for us to review four hundred or more prescriptions to find one or two errors (against us) in order to file a claim against you.

4. **LACK OF COMMUNICATION:** We have never received a written critique from any of our audits. We have been left to our own devices and, as a result, errors have accumulated that have led to very serious consequence. In fact, on our last audit, fourteen months went by before we heard from Title 19.

We will continue to run the program until we hear from you but we must have adequate notice in order to ensure a smooth transition. I am sorry that a good relationship of ten years had to turn into an adversary type relationship. I feel sure I am not the only Pharmacist and/or provider that feels this way.

John L. Mattox, RPH  
Swain Rexall Drug Store  
Bryson City

## DON'T LET DEBTORS BANK ON YOU IS COLLECTOR'S ADVICE

St. Paul, Minnesota—"Don't let debtors bank on you" cautions I. C. System in the latest of its "Debtors Say the Darndest Things" brochures now being mailed to members who use their association-approved collection service.

Debtors who hold off on payments to you in order to finance additional purchases elsewhere are tying up money that could be invested in promotion, inventory or other return on investment. It's a subtle, profit-eating expense that few, if any, business or professional people can afford.

To avoid serving as a personal banker to debtors, I. C. recommends the following: First, when a debtor says he needs more time to pay, find out why. Next, help set up acceptable payment arrangements and find out when, specifically, they will be met.

I. C. uses this procedure as part of its psychological approach to debtors and now collects at a rate of \$3.5 million each month.

## Poison Prevention Packaging (Continued)

packages containing not more than 84 mg of the drug.

- (xi) Colestipol in powder form in packages containing not more than 5 grams of the drug. (Special Packaging required until the final order, which will appear in the Federal Register shortly.)

## ASPIRIN EXEMPTIONS

- (i) Effervescent tablets containing aspirin.
- (ii) Unflavored aspirin containing preparations in powder form (other than those intended for pediatric use) providing not more than 13 grains of aspirin per unit dose.

## ACETAMINOPHEN PROPOSED EXEMPTIONS

- (i) Effervescent tablets or granules containing acetaminophen.
- (ii) Unflavored acetaminophen containing preparations in powder form (other than those intended for pediatric use) providing not more than 13 grains of acetaminophen per unit dose.

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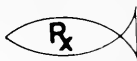
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SCHOOL OF PHARMACY  
UNIVERSITY OF  
NORTH CAROLINA  
AT  
CHAPEL HILL

Carolyn Clayton, Editor

# Script

## DEAN'S MESSAGE

### P. D. What? Who?

In a Board of Directors meeting on September 19, 1979, the Indiana Pharmaceutical Association unanimously passed a motion to adopt a P. D. (Doctor of Pharmacy) designation for pharmacists which is intended to be retroactive for all pharmacists. The uniform designation is not intended to be a term denoting level of academic achievement. A task force is investigating methods for implementation. The arguments leading to this suggestion include the fact that a graduate of a school of medicine is known as M.D. and similarly for dentistry (D.D.), optometrists (O.D.), law (J.D.), etc. and that, furthermore, R.Ph. is a designation for a license to practice and is inappropriate. In the case of the law degree, it is entirely understandable that the J. D. would be made retroactive since little if any substantive curricular changes were made. On the other hand, the pharmacy curriculum has not only changed substantially, but the implementation of a Pharm.D. degree has lengthened academic programs. Surely, confusion will reign between the academic Pharm.D. and the P.D. designation.

The retroactive designation of P.D. for all pharmacists is a moral, irresponsible, and unethical and, from an academician's viewpoint, charlatanism. From Roget's Thesaurus—it is "wolf in sheep's clothing," "ass in lion's skin," and "jackdaw in peacock's feathers."

Purdue University is committed to a single Pharm.D. program by 1984. What is this institution's position and what forces are being brought to play to support or reject this new designation?

In an already split profession this will create yet another schism, which we do not need.



Dean Tom S. Miya

## PHARMACY MANPOWER IN NORTH CAROLINA

—LeRoy D. Werley, Jr.  
Associate Dean

In recent years pharmacy education has evolved toward a more clinically based program, brought about by concern over the under-utilization of pharmacists in their traditionally restricted roles of counting and pouring. In 1970, grants for schools of pharmacy were established with certain assurances that: (1) enrollments would increase and (2) students would receive clinical training. The Health Professions Education Act P. L. 94-484 specifically required clinical programs to include inpatient and outpatient clerkship experience. At that time, the UNC School of Pharmacy was graduating 90 students per year, while North Carolina pharmacy manpower requirements were projected at 130 graduates per year, representing an increase of 40 graduates. The School of Pharmacy accepted the challenge and since 1970 has awarded an average of 137 undergraduate degrees per year.

This increase in pharmacy graduates raised the manpower level from 37 to 48 pharmacists per 100,000 population. (The national average is 55 per 100,000, although the profession likes to use the optimum ratio of 62.5 pharmacists per 100,000 as a measure of manpower requirements.)

Pharmacy manpower requirements are based upon the AACP study of 1973 enrollment levels in colleges of pharmacy and upon the numbers and characteristics of pharmacist practitioners. More recent enrollment and practitioner trends have made it difficult to project the supply and demand of pharmacy manpower.

The most dramatic trend is the increase in women entering the profession which may greatly affect manpower because of their "labor participation rate." The increased women enrollment at the UNC School of Pharmacy ranks third in the nation with a total of 56% women pharmacy students. Future developments must be watched carefully to make certain career patterns of women pharmacists do not significantly reduce availability of pharmacist services.

Other areas of concern which could affect the manpower situation are future variations in the pharmacist-population ratio and geo-

graphical distribution of pharmacists. The current ratio of 48 per 100,000 appears to be effective in North Carolina. Fortunately pharmacists, unlike other health professionals, are relatively evenly distributed between metropolitan and non-metropolitan areas, and this is particularly true in North Carolina.

Trends in pharmacy education have shifted from physical sciences to biological sciences in order to provide more relevance to clinical training in terms of a competency-based curriculum. This will affect the kinds of roles and practice skills future graduates will emphasize in a patient-oriented profession that expands upon the traditional dispensing role.

The enrollment in the School of Pharmacy is clearly the basic determinant of the future supply of pharmacists. Since enrollments appear to be stabilizing, future requirements are dependent upon the role pharmacists will play in the health care system. Some practitioner profiles in terms of sex, practice settings and numbers of pharmacists per site indicate that North Carolina is right on target with manpower demands/supply.

Future pharmacy manpower requirements may be directly measured by the pharmacists role in the delivery system in terms of the number of persons served each day. Use of supportive personnel will undoubtedly improve the efficiency of pharmacy operations. The School of Pharmacy, along with representatives from the Department of Public Instruction and representatives of three schools of higher education, is participating in a study to evaluate three types of pharmacy technician/technology programs.

Employment opportunities continue to look excellent in North Carolina for the next five to ten years. The Tripartite Committee, composed of representatives of the School of Pharmacy, the North Carolina Board of Pharmacy and the North Carolina Pharmaceutical Association feel that the current enrollment projections will continue to satisfy North Carolina's manpower requirements.

The Board of Pharmacy study reveals that the total number of pharmacists licensed

each year in the State of North Carolina approximates 200 practitioners. This represents 135-140 UNC graduates plus 60 to 65 pharmacists reciprocating from other states.

The present School of Pharmacy, located in the Health Sciences complex of UNC at Chapel Hill, with its facilities, equipment, faculty and health professional resources can continue to provide the necessary manpower to meet the demands of the State. It has the ability (1) to accommodate all qualified applicants, (2) to attract outstanding faculty members when qualified candidates are in great demand, (3) to maintain stable enrollments to produce pharmacists required to meet existing and projected manpower requirements.

Although manpower needs and supply are difficult to project, the School of Pharmacy is confident that with the proper staffing of pharmacists and supportive personnel, the manpower requirements of the State of North Carolina can be effectively met for years to come by the current training program at UNC at Chapel Hill.

## N C P R F

The North Carolina Pharmaceutical Research Foundation wishes to express sincere appreciation to the following persons who have joined the Dean's Council.\* The Dean's Council will have a special opportunity to impact on the School's activities.

John C. Hood, Jr., Kinston  
Mrs. Ida N. Keetsock, Durham  
N. O. McDowell, Jr., Scotland Neck  
Tom S. Miya, Chapel Hill  
Jesse M. Pike, Concord  
Bill Proffitt, Spruce Pine  
W. H. Randall, Lillington  
H. C. Reaves, Sr., Southern Pines  
William A. Simmons, Winston-Salem  
B. P. Woodard, Princeton

\*Contributions of at least \$100.00.

In addition, the following institutions have contributed at least \$100.00.

Justice Drug Company, Greensboro  
North Carolina Society of Hospital Pharmacists  
N. C. Mutual Wholesale Drug Company, Inc. (Ralph P. Rogers, Jr.), Durham

## 14TH ANNUAL ASHP MID-YEAR MEETING

Once again, the UNC School of Pharmacy Division of Pharmacy Practice has made a splendid showing at an ASHP Mid-Year Meeting. At the 14th annual conference, which was held December 2-6 in Las Vegas, Nevada, many faculty made presentations and several faculty and students attended.

Chris Rudd, Pediatric Pharmacy Supervisor, Duke Medical Center and David Rudd, Assistant Professor gave a clinical case presentation entitled, "Potential Inhibition of Theophylline Clearance by Erythromycin Lactobionate."

Betty H. Dennis, Assistant Professor served as moderator of a Special Interest Group (SIG) on "Adult Clinical Pharmacy Practice."

Three faculty served as curbside consultants:

Stephen M. Caiola—"Patient Counseling"  
Fred M. Eckel—"Implementing Clinical Services"  
Betty H. Dennis—"Patient Education Programs"

Five poster presentations were exhibited:  
"New Format for Written Medication Information for Patients"

Sandra H. Hak, Patsy S. Huff, and Stephen M. Caiola

"Use of Patient Medication Profile as the Legal Prescription Document in an Ambulatory Care Clinic"

Jannet M. Carmichael and Stephen M. Caiola

"Immunizations for International Travel: A Pharmacy Service in Ambulatory Care"

Patsy S. Huff, Sandra H. Hak, and Stephen M. Caiola

"Evaluation of Pharmaceutical Services in Hospice Organizations"

Joni I. Berry, Charles C. Pulliam, Stephen M. Caiola, and Fred M. Eckel

"Proposal for the Pharmacy Practice Residency"

Paul R. Webster and Fred M. Eckel

In addition, the following persons attended the meeting: Dr. Ralph Raasch, Assistant Professor, Dr. Lawrence Hak, Associate Professor, and second-year residents, Steve Engel, Gary Gallo, Debbie Montague, Marita Quigley, and Mike Thorn.

## WITH THE FACULTY

In November, **STEPHEN CAIOLA**, Associate Professor and **CELESTE LINDLEY**, Clinical Instructor, Division of Pharmacy Practice completed the last of a 6-week, continuing education series on the drug therapy needs of ambulatory patients. Caiola spoke on "Nausea & Vomiting" and Lindley spoke on "Hypertension." A third series (Part III) in this same subject area is being planned for presentation in the spring.

**DR. GEORGE P. HAGER**, Professor, Division of Medicinal Chemistry has been elected to the UNC-CH Faculty Council. His term of office begins January 1, 1980.

**DR. LARRY J. LOEFFLER**, Professor, Division of Medicinal Chemistry, has published three scientific papers concerned with radioimmunoassay techniques for measuring small quantities of drugs in blood plasma.

**A. WAYNE PITTMAN**, Assistant Professor, Division of Pharmacy Practice, co-authored one of the papers concerning the antihypertensive agent, guanethidine. A second paper concerns the antihypertensive agent, reserpine. Both appeared in the November 1979 issue of the *Journal of Pharmaceutical Sciences*. The third paper, which appeared in the November 1979 issue of *Clinical Chemistry*, discusses measurement of the ergot alkaloids, used in the treatment of migraine and other vascular disorders.

**CLAUDE U. PAOLONI**, Associate Professor, Pharmacy AHEC and Continuing Education participated in the Mecklenburg County Pharmaceutical Society Meeting on December 9. Also Paoloni attended the November New Hanover Pharmaceutical Association Meeting in Wilmington with Dean Tom Miya.

**MS. BETTY DENNIS**, Assistant Professor, Division of Pharmacy Practice, spoke recently at the Nash, Edgecombe and Halifax Dental Society's monthly meeting on the subject of drug therapy and dental practice.

On December 20, **CINDY DUNHAM**, Instructor, Division of Pharmacy Practice, spoke at a medical symposium at Chowan Community Hospital in Edenton, NC. She led a discussion on how to evaluate nutritional needs in hospitalized patients and how to choose appropriate ways to implement nutritional support.

In November, **DR. JEAN PAUL GAGNON**, Professor, Division of Pharmacy Administration, made a presentation to the Pharmaceutical Manufacturers Association's State Government Affairs Workshop in Los Angeles, California. Dr. Gagnon's presentation was "Considerations and Comments Essential in State Drug Cost Containment Programs."

**DR. CLAUDE PIANTADOSI**, Professor, Division of Medicinal Chemistry, spoke recently at Queens College on "The Role of Biochemistry and Medicinal Chemistry in Drug Design." His presentation was part of the 1979-80 Collegiate Academy lecture program of the North Carolina Academy of Sciences.

## STUDENT AWARDS

**STEVEN I. ENGEL** (B.S., Drake) has been awarded the ASHP's Research in Education Foundation's 1980-81 Oncology Fellowship at the National Institute of Health. The purpose of the fellowship program is to enhance the proficiency of pharmacists working in oncology settings and encourage participation and cooperation within the interdisciplinary environment for the clinical management of the oncology patient. ENGEL will complete his M.S. degree in Hospital Pharmacy this summer, and will begin the oncology fellowship on July 1.

**MARY C. SHERRILL** (5/5) and **LINDA H. DAIL** (3/5, B.S., Chemistry and M.ED., ECU) have received two of thirteen \$50.00 research awards from the UNC-CH chapter of Sigma Xi, an honorary society which supports research in the biological, physical, and social sciences.

SHERRILL'S research is entitled "In Vitro Evaluation of Liquid Antacids." (Faculty Research Sponsor: B. WESLEY HADZIJIA, Associate Professor, Division of Pharmaceutics.)

DAIL'S research is entitled "Comparative Study of High Pressure Liquid Chromatography and Thin Layer Chromatography Methods for the Determination of Theophylline in Biological Fluids." (Faculty Research Sponsor: G. DAVID RUDD, Assistant Professor, Division of Pharmacy Practice.)

The two research projects will be presented at the Sigma Xi Undergraduate Research Symposium in April.





Members of the "Carolina Blue" barber-shop quartet include (left to right) Charles Chase, tenor (biostatistics); Raleigh Mann, lead (journalism); Hugh Burford, bass (pharmacology); and Jerry Fernald, baritone (pediatrics).

### HIDDEN TALENTS

It has come to our attention that two people at the School of Pharmacy have "hidden talents." (If you hear of others, please contact the editor.)

DR. HUGH J. BURFORD, Associate Professor, Pharmacology, has a hobby of barber-shop music. He is a member of the "Carolina Blue Quartet" with three other University Faculty. (See picture) Carolina Blue sings for civic groups and the Christmas candlelight tour.

Burford is also a member of the General Assembly Chorus of the Research Triangle Park Chapter of SPEBSQSA (Society for Preservation and Encouragement of Barber



Corinne Casper and Pasco Struhs as they win another disco contest.

Shop Quartet Singing in America). This chorus is the current Southeast champion and will represent the district in the International Competition in Salt Lake City in July 1980.

CORINNE CASPER, Secretary in Pharmacy AHEC and Continuing Education spends her free time disco dancing. She and her dancing partner, Pasco Struhs, have been dancing together for 1½ years, winning many cash and merchandise prizes. They started with a few basic lessons and currently practice twice a week. When asked if she would like to give lessons during lunch hours, she responded, "Not now, maybe in the future. We want to remain amateurs for a while."

**TEST YOUR KNOWLEDGE**

UNIVERSITY OF NORTH CAROLINA

School of Pharmacy, AHEC Program

David D. Claytor, Assistant Director

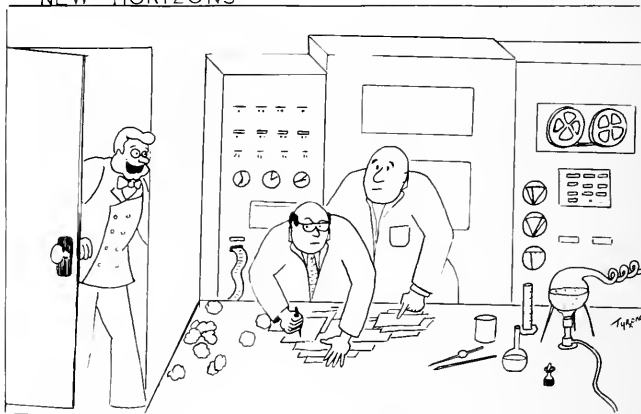
Mary Brown is a 30 year old unmarried white female, weight 130 lbs., height 5'6" and has a history of depression, peptic ulcer and diabetes. She is taking 40 units NPH insulin daily, amitriptyline 10 mg q.i.d., p.c. and H.S. and recently began taking Amphogel® 30 ml 1 to 2 hours p.c. for her peptic ulcer. The next 5 questions concern this patient.

1. Mary complains to you of constipation and asks your advice. Constipation is not usually a problem with her. You would recommend that she:
  1. Take a laxative dose of MOM at bedtime until the condition improves.
  2. That she take Metamucil® regularly for prevention.
  3. Change her antacid from Amphogel® to Maalox®.
  4. 1 & 2
  5. 1 & 3
2. Mary's ulcer condition worsens and she becomes more depressed. Her physician prescribes cimetidine and increases her Amitriptyline dose to 75 mg at H.S. What effect could you expect this to possibly produce?
  1. A runny nose.
  2. An unstable blood sugar.
  3. Constipation and urinary retention.
  4. Hypotension.

3. The increased dose of Amitriptyline obviously does not ameliorate Mary's condition. She attempts suicide by taking the remainder of her Amitriptyline tablets. The recommended treatment for an overdose of this drug is:
  1. Physostigmine salicylate IV.
  2. Dialysis.
  3. A barbiturate to prevent convulsions.
  4. 1 & 2
  5. All of the above.

4. Mary recovers from her suicide attempt and while in the hospital fell in love. Her depression is much improved and her physician has prescribed Zorane® 1/20. As she gets a refill, she mentions that she is having mid-cycle breakthrough bleeding. The reason could be:
  1. Too much progestin.
  2. Too little estrogen.
  3. Too much estrogen.
  4. Too little progestin.
  5. None of the above.

5. Mary's ulcer condition is so improved after 4 weeks that her physician discontinues cimetidine. The recurrence rate of ulcers (peptic) after the patient has finished a course of cimetidine is:
  1. Significantly better.
  2. Lower than the recurrence rate after finishing a course of antacids.
  3. Greater than the recurrence rate after finishing a course of antacids.
  4. No different than the recurrence rate after finishing a course of antacids.

**NEW HORIZONS**

"I've just come up with a great ad campaign! You guys hurry up and invent something."

**CARTOONIST**

The mysterious "Tyrone" who has been supplying cartoons to SCRIPT for the previous semester, has now decided to reveal his identity. He is none other than Ben Teal (Benjamin E. Teal, 4/5).

Ben is from Hoffman, N. C., which is between Rockingham and Southern Pines. He spent his pre-pharmacy years at Sandhills Community College in Carthage, N. C. "Tyrone" hopes to graduate next December and is looking forward to a retail career. (Incidentally, this will leave SCRIPT without a cartoonist, so if you have any leanings in that direction, start sharpening up your skills and send in some possibilities.)

## OLD PHARMACEUTICAL NEEDED

Anyone having a bottle of "Bromidia" manufactured by Battle & Co., St. Louis, and wishing to get rid of it, should contact Hamilton Drug Co., 50th at Hamilton, Omaha, Nebraska, 68132. A patient of this pharmacy is in need of the product.

## N. C. BOARD OF PHARMACY ANNOUNCES EXAMINATION DATES

The North Carolina Board of Pharmacy has announced the following examination dates, subject to the availability of classroom space: March 24, 25, 26, 1980; June 23, 24, 25, 1980; September 22, 23, 24, 1980; January 26, 27, 28, 1981; June 22, 23, 24, 1981.

## DIRECTOR OF PHARMACY SERVICES WANTED

Yadkinville—Lula C. Hoots Hospital. Should have experience in IV-Add Mixtures, Unit Dose, pharmacy administration. Salary commensurate with experience. Send application and resume to Pharmacy Resources, 15 Dunwoody Park Drive, Suite 100N, Atlanta, Ga. 30038. Phone (404) 394-8726.

## PHARMACIST WANTED

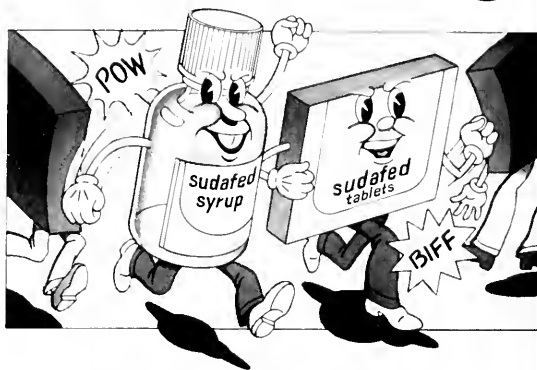
\$20,000 per year. 40 hour week. Very flexible schedule. No nights or Sundays. Community Pharmacy. Contact NCPHA Box BBF.

## TEST YOUR KNOWLEDGE ANSWERS

- (3 or 5) Merck Manual 13th ed., p. 773-774. Metamucil is contraindicated in diabetics as it contains 50% Dextrose.
- (3) Facts and Comparisons, p. 263C. Due to the anticholinergic effects of the tricyclic compounds.
- (1) Facts and Comparisons, p. 263 d. Gastric lavage (not one of the choices) is also recommended. Dialysis is not considered effective because of the fixation of the drug in the body tissues.
- (2) Facts and Comparisons, p. 108a.
- (4) Merck Manual, 13th ed., p. 772.

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30 mg tablets/syrup

## DECONGESTION WITHOUT DROWSINESS

Source: IMS America; based on drugstore sales of OTC Sudafed 24's and 100's.

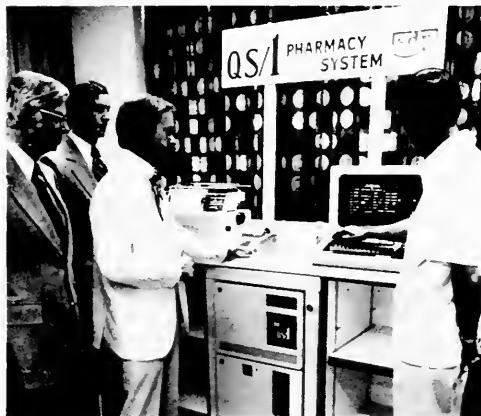


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**DEATHS****WALKER M. K. BENDER**

Walker Mears Kilpatrick Bender, Fayetteville, died Sunday, October 14, 1979 at the age of 74. Bender had been associated with pharmacies in Fayetteville since 1935, and operated stores on Hay Street, on Haymount, and at Fort Bragg. He was a former Mason, Shriner, a member of the Kiwanis Club, and Elk's Club, and was very active in the Fayetteville area pharmacy circles.

**MARRIAGES**

*Miss Celeste Michele Lindley and Mr. James C. McAllister, III*, exchanged wedding vows on Saturday, November 24 at the Memorial Chapel, Cherry Point, NC. Fr. Gene Luyster of Chapel Hill officiated.

The bride is a graduate from the School of Pharmacy at the University of North Carolina where she is presently serving as a Clinical Instructor. The groom is also a graduate of the School of Pharmacy, UNC and is the Associate Director of the Dept. of Pharmacy and Sterile Processing at Duke University Medical Center. He is the current president of the N. C. Society of Hospital Pharmacists.

**BIRTHS**

Dr. Paul Barry and *Deborah Wertheim Barry* announce the birth of their daughter, Lisa Rachel, born on October 6, 1979. Debbie is a 1976 graduate of the UNC School of Pharmacy and Paul is a fourth year resident radiologist at N. C. Memorial Hospital.

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Carrboro, N. C. 27510

**RELIEF PHARMACIST AVAILABLE**

Anywhere in North Carolina. Prefers Western area. References. Salary to be negotiated depending on travel time. By the week or month. Contact Box PJ 12-1. NCPHA.

**STAFF PHARMACIST WANTED**

400 bed teaching hospital. Pitt Memorial Hospital, Greenville. Contact John Stallings, 919-757-4481.

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## STAFF PHARMACIST WANTED

580-bed medical complex located in Southeastern North Carolina is currently seeking a staff pharmacist. Excellent benefits program and working environment. Salary is commensurate with experience. Please send resume in confidence to: Box JSF 11-1.

## AMBULATORY CARE PHARMACIST/CLINICAL FACULTY POSITION(S)

The Student Health Service, University of North Carolina at Chapel Hill seeks applications for one calendar year and one academic year appointment. The positions include a clinical-track appointment. Applicants should have a M.Sc. degree in Pharmacy and/or 3-5 years experience in hospital/clinic practice. Completion of a residency and teaching experience are desirable. Primary responsibilities are for comprehensive outpatient and inpatient pharmacy services in the SHS. Send inquiries and vitae to: A. W. Pittman, School of Pharmacy, University of North Carolina, Chapel Hill, NC 27514, (919) 966-1121. An Affirmative Action/Equal Opportunity Employer.

## PHARMACY FOR SALE

Retail pharmacy, central Piedmont county seat town with hospital. Owner will sell or consider partnership. 3rd party partnership/financing available if desired. Write NCPHA, Box KHT 12-1.

## ATTENTION PHARMACISTS

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Route 2, Box 510  
Chapel Hill, N. C. 27514

New organization needs name, address, phone number, hours available, etc. of any registered pharmacist who is interested in obtaining relief work. Please call 919-383-7836 and leave your message or write N. C. Relief Pharmacists Association, Inc. Jeff Stillwagon, Manager.

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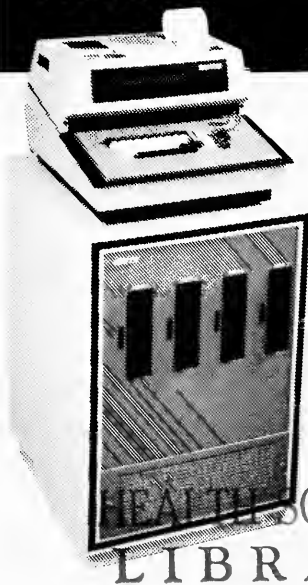
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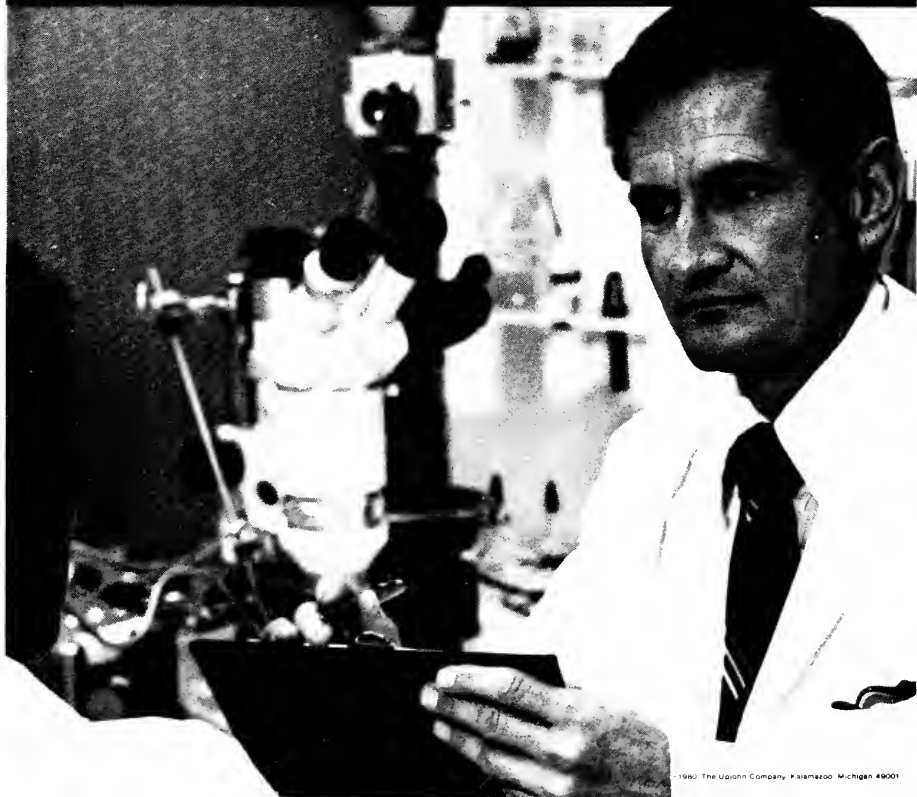
As a young pharmacist, Sherm Kramer was fascinated by drug compounding. Now at Upjohn as a Research Head, Pharmacy Research, Sherm directs pharmacists/scientists who develop every aspect of a new drug—purity, potency, bioavailability, shape, color, shelf life. Then they test it, prove it, and transfer their data, experience and confidence for scale-up to commercial production.

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# THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

FEB./MAR. 1980 VOLUME 60 NUMBER 2-3

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## FROM THE PRESIDENT

I just finished reading a book about the next depression. Yep, you read right, the next depression! The writer believes that we're on a dead ahead course for another depression and with a great possibility of another war—both as soon as 1982. He even goes so far as to recommend that you store a years supply of food in your home, have an auxiliary electrical generator, one-half bag (\$500.00 face value) of silver coins and \$2,500.00 in gold coins for each member of your family.

Well, the book sure made me think and I guess if I'm honest, even worried me some. But, I'm not a doomsday person and I certainly plan to "keep the Faith." I won't put my head in the sand though and pretend it couldn't happen because the sad truth is that it could.

I believe that it will take each of us working as individuals to maintain an orderly society and a working government. I still believe that the individual has a voice in government—if we don't keep up our faith, we tend to become complacent and think that government's gotten so big that we're but a drop in the ocean. This just isn't true. In Illinois the individual pharmacist (and I mean individual and not as a group) lobbied their state representatives for higher fees for welfare Rx's and they got it too. Of course their state pharmaceutical association helped but the majority of credit was given to the individual pharmacist. Our legislators today are so used to being approached by hired professional lobbys and state professional organizations that I believe they even welcome and encourage the ideas and thoughts of the individual. I am sure that if each and everyone of us approached our representatives individually that it would have more clout than if our association did. I still believe in our government and the idea that it is a government by the people and for the people. It *STILL* works!

So, call, write, or make it a point to go by to see your area state legislators. Tell them you need a higher welfare fee, tell him/her how you feel about a 2 line Rx pad, how you feel about your rights to substitute, how you feel about what ever is on your mind. I think you'll be very pleased at how your ideas are received because they want and need to know what our needs are.

Yes, we can be the strongest and most re-



spected profession in North Carolina but only if we as individuals realize our rights and obligations for better government.

Certainly we, the NCPHA, will try to monitor what's going on in Raleigh and Washington and keep you abreast of this. But, the *real truth* is that you and you alone can make pharmacy in North Carolina better—or the best!

God Bless each of you,  
North Carolina  
Pharmaceutical Association

Joe C. Miller, President



**100TH ANNUAL CONVENTION  
N. C. PHARMACEUTICAL ASSOCIATION  
APRIL 13, 14, 15, 1980**

**CONVENTION IN BRIEF**

**Sunday, April 13**

10:30 a.m.	REGISTRATION DESK OPENS—Lobby
12:30 p.m.	†*CENTENNIAL LUNCHEON AND AWARDS SESSION—Roosevelt Room
	PHARM PAC LUNCHEON—Lincoln Room
2:00 p.m.	TRAIN AND ANTIQUE CARS—Depart for Capitol
3:00 p.m.	†REENACTMENT OF FIRST ASSOCIATION MEETING—Senate Chambers, State Capitol Building
3:45 p.m.	MARKER DEDICATION—Capitol Grounds
4:00 p.m.	RECEPTION—Rotunda, State Capitol Building
7:30 p.m.	†*100th ANNIVERSARY DINNER AND OPENING SESSION—Presidential Ballroom

**Monday, April 14**

8:00 a.m.	REGISTRATION DESK OPENS—Lobby
	BREAKFAST—T.M.A. FOUNDATION—Washington Room
9:00 a.m.	NCPHA BUSINESS SESSION—Roosevelt Room
9:15 a.m.	WOMAN'S AUXILIARY—Buses depart for Tours
10:00 a.m.	WOMAN'S AUXILIARY—TOUR—Mordecai House/Art Museum
12:00 Noon	WOMAN'S AUXILIARY—LUNCHEON AND FASHION SHOW—Velvet Cloak Inn
2:00 p.m.	WOMAN'S AUXILIARY—TOUR—Archives and History
Afternoon	GOLF TOURNAMENT—Raleigh Country Club
	TENNIS—Raleigh Country Club
	TOUR—The Computer Company
6:30	SOCIAL HOUR—Roosevelt Room

**Tuesday, April 15**

8:00 a.m.	REGISTRATION DESK OPENS—Lobby
9:00 a.m.	NCPHA BUSINESS SESSION—Roosevelt Room
	N. C. BOARD OF PHARMACY—Regular April Meeting—Jefferson Room
9:15 a.m.	WOMAN'S AUXILIARY—Buses Depart for Governor's Mansion
10:00 a.m.	WOMAN'S AUXILIARY—Tour and Coffee—Governor's Mansion
11:00 a.m.	T.M.A. BUSINESS SESSION—Washington Room
11:30 a.m.	WOMAN'S AUXILIARY—BUSINESS SESSION
1:00 p.m.	WOMAN'S AUXILIARY—LUNCHEON AND INSTALLATION OF OFFICERS
2:00 p.m.	NCPHA BUSINESS SESSION—Roosevelt Room
3:00 p.m.	OAKWOOD TOUR
7:00 p.m.	†*“CENTENNIAL DINNER”—Presidential Ballroom
8:00 p.m.	“VAPORS, VAMPS AND VOGUE”—Musical, Historical Fashion Show—Presidential Ballroom
9:00 p.m.	†“CENTENNIAL BALL”—Music by The Charlie Brown Band—Presidential Ballroom
	SPECIAL MUSICAL INTERMISSION—“That Ole Gang Chorus”

\*Reservations and tickets through the NCPHA

†Centennial or period costumes are appropriate

February/March, 1980

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# CONVENTION PROGRAM

## 100TH ANNUAL MEETING NORTH CAROLINA PHARMACEUTICAL ASSOCIATION Raleigh, North Carolina

### OPENING SESSION AND 100TH ANNIVERSARY DINNER\*

Presidential Ballroom

The Hilton Inn

Sunday, April 13, 1980

Seven-thirty o'clock

Jerome K. Johnson, Convention Chairman, *Presiding*

### CALL TO ORDER

N. C. Pharmaceutical Association—Joe C. Miller, President

Woman's Auxiliary, NCPHA—Mrs. Marshall Sasser, President

Traveling Member's Auxiliary, NCPHA—Horace Lewis, President

### INVOCATION

The Reverend Albert G. Edwards, Minister

First Presbyterian Church, Raleigh

### \*DINNER

### WELCOME TO THE CITY

Mr. Edward A. Walters, Mayor Pro-Tem

City of Raleigh

### THE PRICE TAG OF FREEDOM

J. Lewis "Joe" Powell, *W. J. Smith Speaker*

### ANNOUNCEMENTS

### ADJOURNMENT

*\*Dinner reservations available through NCPHA*

*Dinner Music provided by BILL JOE AUSTIN AND RIVERSIDE SERENADERS, II*



**GUEST SPEAKER, J. LEWIS "JOE" POWELL, PRESENTS  
"THE PRICE TAG OF FREEDOM"  
SUNDAY NIGHT, APRIL 13, 7:30 P.M.**

J. Lewis Powell, from Alexandria, Virginia, will present his award winning talk "The Price Tag of Freedom" at the opening session, Sunday night, 7:30 p.m., Hilton Inn. Powell is a dynamic, articulate, professional speaker who has the unique ability to make thought provoking ideas highly entertaining. He is the author of "Executive Speaking—an acquired skill," a popular book used by many top executives. BNA Communications, Inc. features him in six professionally produced color motion pictures in the management/motivational fields, and distributes these films throughout the world. Mr. Powell is a colorful personality who has had several distinguished careers, as a construction engineer, Commander in the US Navy, and as an executive in private business and in government. Using homespun philosophy and imaginative illustrations, Joe proves a good speaker does not have to be dull to present profound ideas. He has received three national awards and has spoken everywhere in the world from town halls to the Executive Office of the President of the United States.



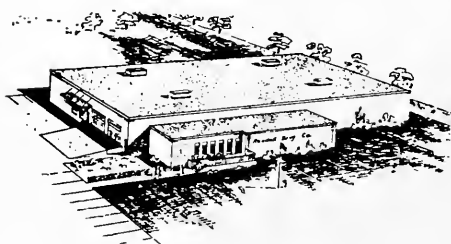
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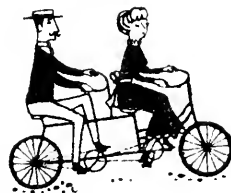
Shelby, North Carolina

**SECOND SESSION, NCPHA****Monday Morning, April 14****Nine O'clock****Roosevelt Room**Joe C. Miller, President, *Presiding***CALL TO ORDER****IN MEMORIAM**—Rite of the Roses**THE PRESIDENT'S ADDRESS**

Mr. Miller, with First Vice-President Jack Watts presiding

**EFFECTIVE AND AFFECTIVE COMMUNICATIONS**

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**THE NORTH CAROLINA BOARD OF PHARMACY**David R. Work, *Secretary-Treasurer***ATTENDANCE PRIZES****ADJOURNMENT****Monday Afternoon**

There are no NCPHA sponsored business sessions on Monday afternoon.

**\*NORTH CAROLINA SOCIETY OF HOSPITAL PHARMACISTS SPRING MEETING**—Roosevelt Room**KAPPA EPSILON**—Washington Room**TOUR OF THE COMPUTER COMPANY****GOLF AND TENNIS**—**RALEIGH COUNTRY CLUB** (Sponsored by Owens-Illinois)**TOUR OF THE NORTH CAROLINA MUSEUM OF HISTORY**

Featuring the Current Pharmacy Exhibit

**MEETINGS:**

Committee on Time and Place

Committee on Resolutions

**\*NCPHA members are invited to attend—no registration fee***INFORMATION ON ACTIVITIES**IS AVAILABLE AT CONVENTION REGISTRATION DESK***Monday Night****6:30-7:30 p.m.****SOCIAL HOUR—PRESIDENTIAL BALLROOM***SPONSORED BY THE NORTH CAROLINA WHOLESALE DRUGGISTS***THIRD SESSION NCPHA****Tuesday Morning, April 15****Nine O'clock****Roosevelt Room**Joe C. Miller, President, *presiding***CALL TO ORDER****THE UNC SCHOOL OF PHARMACY & THE N. C. PHARMACEUTICAL RESEARCH FOUNDATION**—Tom S. Miya—Dean

**THE STUDENT BRANCH OF THE N. C. PHARMACEUTICAL ASSOCIATION—**

Jennifer Price, President.

**COMMITTEE REPORTS**

Public Health and Welfare

Legislative

Mental Health

Consolidated Pharmacy Fund/Endowment Fund

**THE REVISED PHARMACY PRACTICE ACT—Panel Presentation****RECESS****FOURTH SESSION, NCPHA**

Tuesday Afternoon, April 15

Two O'clock

Roosevelt Room

Joe C. Miller, President, *presiding***COMMITTEE REPORTS**

Public and Professional Relations

Continuing Education

Institutional Pharmacy

PharmPac

Delivery of Pharmaceutical Services

Social and Economic Relations

**GREETINGS**Mrs. J. M. Sasser, *President, NCPHA Woman's Auxiliary***THE SCHERING REPORT**Jack Robbins, Ph.D., *Associate Director Pharmacy Affairs***NCPHA CENTRAL OFFICE AND FISCAL AFFAIRS**A. H. Mebane, III, *Executive Director***CLOSING REPORTS**

Time and Place

Resolutions

Registrar—Tom R. Burgiss

Nominations

**ATTENDANCE PRIZES****ANNOUNCEMENTS****ADJOURNMENT**

Norfolk suit

**Tuesday Night**

7:00

\*†CENTENNIAL DINNER—Presidential Ballroom.  
INSTALLATION OF OFFICERS—NCPHA

8:00 p.m.

VAPORS, VAMPS AND VOGUE—Musical, Historical Fashion Show,  
sponsored by Justice Drug Co.

9:00 p.m.

†CENTENNIAL BALL—Music by the Charlie Brown Band  
Special Musical Intermission—"That Ole Gang Chorus."**SPONSORED BY THE TRAVELING MEMBER'S AUXILIARY****ADMISSION TO ALL FUNCTIONS BY CONVENTION BADGE**

†Centennial or period costumes are appropriate

\*Dinner reservations and tickets through NCPHA

**WOMAN'S AUXILIARY, NCPHA****Sunday, April 13, 1980**

- 10:30 a.m. Registration Desks Open—Lobby
- \*12:30 p.m. †Centennial Luncheon and Awards Session—Roosevelt Room
- 2:00 p.m. Train and Antique Cars Depart for Capitol—Train sponsored by N. C. Mutual Wholesale Drug Co.
- 3:00 p.m. †Reenactment of First Association Meeting—Senate Chambers, State Capitol Building
- 3:45 p.m. Marker Dedication—Capitol Grounds
- 4:00 p.m. Reception in Rotunda—State Capitol Building—*Sponsored by Wake County Pharmaceutical Society*
- \* 7:30 p.m. †100th Anniversary Dinner and Opening Session—Guest Speaker—Presidential Ball Room

**Monday, April 14, 1980**

- 9:00 a.m. Buses begin loading for Tours
- 10:00 a.m. Tour—Art Museum  
Mordecai House and Gardens, Andrew Johnson House—Sponsored by Wake County Pharmaceutical Auxiliary
- 12:00 p.m. \*\*"Hat and Glove Luncheon"—Velvet Cloak Inn  
Fashion Show: "Through the Looking Glass into the Past"
- 2:00 p.m. Buses load for tour of NC Museum of History
- 2:30 p.m. Tour of N. C. Museum of History (including the current pharmaceutical exhibit)
- Golf and tennis available at the Raleigh Country Club (Information at convention registration desk)
- 6:30-7:30 p.m. Social Hour—*Sponsored by N. C. Wholesalers*

**Tuesday, April 15**

- 9:00 a.m. Buses begin loading for Governor's Mansion
- 10:00 a.m. Tour of Governor's Mansion
- 10:30 a.m. Coffee at Governor's Mansion—Sponsored by Wake County Pharmaceutical Auxiliary
- 11:30 a.m. Business Session
- 1:00 p.m. Luncheon—Installation of Officers and Entertainment
- 3:00 p.m. Buses begin loading for Oakwood Tour
- \*7:00 p.m. †Centennial Dinner—Presidential Ball Room
- 8:00 p.m. "Vapors, Vamps and Vogue"—a musical historical fashion show—Sponsored by *Justice Drug Company*
- 9:00 p.m. †Centennial Ball—Presidential Ball Room  
Music by Charlie Brown's Band  
Intermission Entertainment: "That Ole Gang Chorus"  
Sponsored by *TMA*

\*Dinner reservations and tickets through NCPHA

\*\*Hats and Gloves encouraged

†Centennial or period costumes are appropriate

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**Joe C. Miller, President  
NCPHA**



**Mrs. Marshall Sasser,  
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**TRAVELING MEMBER'S AUXILIARY, NCPHA**

Leonard G. Philipps, Convention Chairman

**PROGRAM****SUNDAY, April 13**

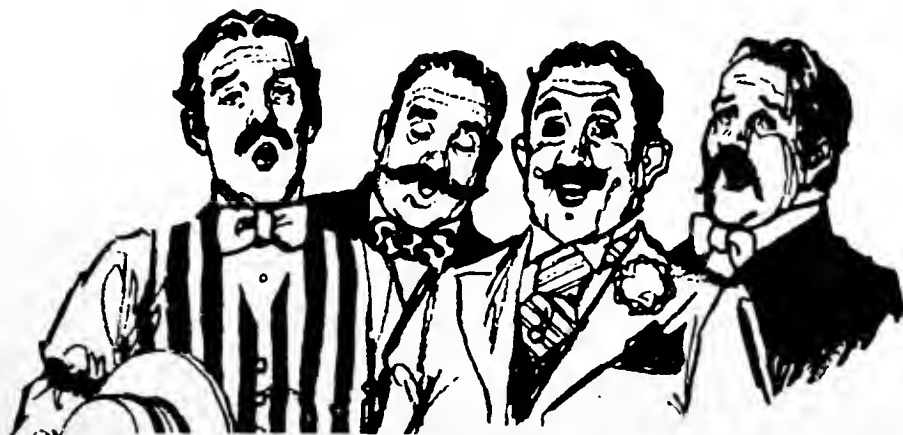
- 10:30 a.m. REGISTRATION DESKS OPEN—Hilton Lobby  
12:30 p.m. \*†CENTENNIAL LUNCHEON AND AWARDS SESSION  
3:00 p.m. †REENACTMENT OF THE FIRST NCPHA MEETING—Senate Chambers,  
State Capitol Building  
3:45 p.m. HISTORICAL MARKER DEDICATION—Capitol Grounds  
4:00 p.m. RECEPTION—Rotunda, State Capitol Building—sponsored by Wake  
County Pharmaceutical Society  
7:30 p.m. \*†100th ANNIVERSARY DINNER—OPENING SESSION—GUEST  
SPEAKER, Presidential Ballroom

**MONDAY, April 14**

- 8:00 a.m. T.M.A. FOUNDATION BREAKFAST—Washington Room  
Golf and Tennis at Raleigh Country Club. TMA members are invited to  
attend NCPHA Business sessions, to be held in the Roosevelt Room  
6:30 p.m. SOCIAL HOUR  
Sponsored by the North Carolina Wholesale Druggists

**TUESDAY, April 15**

- 11:00 a.m. T.M.A. ANNUAL BUSINESS SESSION—Washington Room  
7:00 p.m. \*†CENTENNIAL DINNER—Presidential Ballroom  
8:00 p.m. VAPORS, VAMPS AND VOGUE—Musical, Historical Fashion Show,  
sponsored by Justice Drug Company  
9:00 p.m. †CENTENNIAL BALL—Music by the Charlie Brown Band, with Special  
Musical Intermission—"That Ole Gang Chorus" Sponsored by the Travel-  
ing Member's Auxiliary  
*\*Tickets and reservations through the NCPHA*  
*†Centennial or period costumes are appropriate*



# Your counter-side manner counts.

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## "CANCER AWARENESS" A STATE SERVICE PROJECT

Woman's Auxiliary, NCPHA

"Pride in Our Heritage—A Year for Caring" is the 1979-1980 Program theme. To help safeguard the health of our families and others is "caring"—an ingredient for building faith in the future.

The Woman's Auxiliary launched a "Cancer Education for Women" program as its 1979-80 community service project because of the high incidence of cancer in North Carolina and the need for making women and young girls more aware of good health habits for early detection. (Cancer is the leading cause of death among women ages 30-54 and breast cancer is the leading site of cancer incidence and death among women 40-44 years old. There were 749 deaths from breast cancer in 1978 in North Carolina).

The objectives of the Auxiliary cancer program are: (1) to create an awareness in the nature of cancer, develop fear-free attitudes and to overcome indifference. (2) To identify health habits which may prevent precancerous conditions, and (3) To emphasize the importance of a complete annual health check-up which facilitates early detection and diagnosis.

Goals set forth are to encourage local auxiliaries and members-at-large: (1) To plan at least one cancer seminar for women at the community or county level. (2) To promote the Mother-Daughter School Program in your county. Some communities in North Carolina have adapted this program to the school curriculum, especially in health education or home economics classes as a mother-daughter

activity. (3) To help make every pharmacy in North Carolina a health information center. (Cancer leaflets are available at no charge) NOTE: April is Cancer Education Crusade Month. If you have not had a program in your area, it is hoped you will take the leadership in working with your local county unit of the American Cancer Society to plan a program.

A resource packet is available which outlines steps for organizing a seminar in the local community, suggests cancer education pamphlets, posters and description of color films that are available from the local county unit of American Cancer Society and the N. C. Division, Cancer Society. Help is available and all educational materials and films will be provided, (free) to you. The resource packet and more information can be secured from Mrs. Marshall Sasser, Box 736, Smithfield 27577 . . . telephone 919-934-7433.

This Cancer Education Program has the endorsement and the cooperative support of the North Carolina Medical Society.

It is hoped that pharmacy wives will take the leadership in the community to organize at least one cancer education program. Remember . . . we can help create a professional image for pharmacy as a part of the health team in the community by promoting important health projects and "caring enough" to safeguard the health of others.

Sarah Ann Sasser, President

NOTE FOR PHARMACISTS: Professional Education films and materials on Cancer are available for pharmacists. These resources are helpful in up-dating the pharmacist's information on cancer treatment and therapy.

## WOMAN'S AUXILIARY, NCPHA Officers 1979-1980

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The 1980 Convention in Raleigh in April, which is celebrating the CENTENNIAL of the NCPHA, will see a number of people in dress of that era.

So—come—either in period costume—or as a spectator to see what others are wearing. EITHER WAY, YOU'LL ENJOY THE VIEW.

Of the planned convention events, several lend themselves to wearing of 1880 styles: The reenactment of the 1880 meeting at The State Capitol on Sunday, the 13th; later at the Centennial Dinner at the Hilton; on Tuesday evening at the TMA-sponsored Centennial Ball. On Monday, members of the Woman's Auxiliary may enjoy wearing their costumes to the luncheon. While this will be featured as a "hat-and-gloves affair" (any period, any kind, so be checking your attic for hats and gloves stored there), you may wish to wear your 1880 styles to complete your costume.

Costumes may be obtained in Charlotte—see elsewhere for a couple of addresses—or you may find it fun to concoct your own styles. One lady found an old-fashioned blouse with tiny buttons down the back with which she will combine a long skirt. For the men—we noted in a formal wear window recently that a man's outfit, complete with turned down starched collar, string tie, braid-trimmed jacket, would be just as much at home as a part of the Centennial styles as it is at present-day weddings and social events.

So—come as you wish—in 1980 togs—or in the styles of the 1880's. Either way you'll have fun—and will enjoy being a part of the very special *Centennial of the NCPHA*.

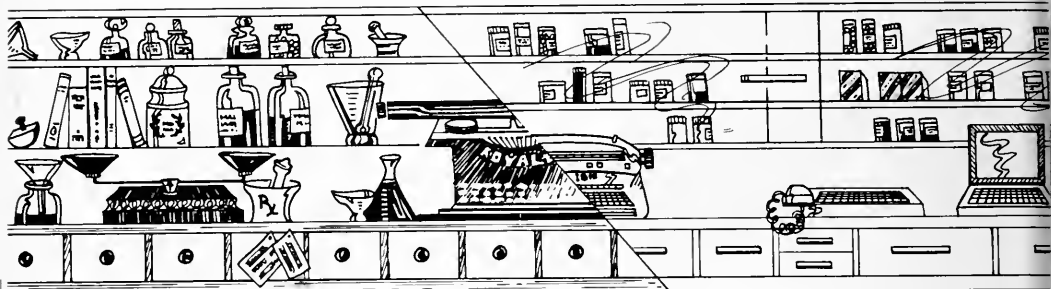
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## DRUGGISTS ARE IN DEADLY DANGER

By Edwin Feulner

*Durham Morning Herald, Feb. 9, 1980*

*Feulner is president of the Heritage Foundation, a Washington-based public policy research organization.*

Though they are not generally perceived as having a hazardous occupation, your neighborhood pharmacists may be in grave danger.

No, it's not the chemicals they come in contact with that poses the threat, but the criminals and junkies who have come to regard the local drugstore as a source for narcotics.

Let you think it's an occasional problem, I cite these items from a recent newsletter published by the National Association of Retail Druggists, which represents independent pharmacists.

1) A crisp, autumn day in Atlanta . . . two men enter a neighborhood pharmacy. Seconds later, pharmacist Malcolm Russell-Howard and customer Bill Gray lie dead on the floor, shot down by robbers bent on obtaining drugs and cash.

2) In Linthicum, Md., druggist David MacLarty died in his pharmacy, killed in cold blood by robbers who escaped with Quaalude, Percodan, Seconal, Dexamyl, Dexedrine, Tuinal, and codeine.

3) William B. Catoe, Jr., 30, dreamed of owning his own pharmacy. He almost made it. He was in the process of buying the John Nates Pharmacy in Columbia, S. C., when two robbers ended his dream with a .38-

caliber slug. He left a widow and two young daughters.

An official at the association estimates that there were some 30,000 armed robberies and after-hours break-ins at U. S. pharmacies last year—and more than 400 instances where a druggist, or a drug-store employee or customer was killed in the process.

William E. Woods, executive vice president of the National Association of Retail Druggists, says: "The Drug Enforcement Administration, in cooperation with other federal law-enforcement agencies, has had good success in reducing the availability of illicit drugs at their sources. This has increased street prices and reduced the quality of street drugs. This success boomeranged to the extent that the corner pharmacist has become the target of addicts and hardened criminals alike."

While I am always wary of calls for federal intervention of any sort, I have to admit there is a degree of merit in a proposal now before Congress which would make pharmacy robberies involving controlled drugs a federal offense.

The proposal, contained in the Senate's criminal code reform bill, has been approved by the Senate Judiciary Committee, and will likely win Senate approval.

The House version of the criminal code reform bill does not contain such a provision.

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# Class of '80

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University of Florida College of Pharmacy  
Gainesville, Florida

---

...after a busy day at North Chicago.



Recently, these young people, all pharmacy students, spent a very full day at Abbott Laboratories.

They were visitors. Their behind-the-scenes introduction touched bases in research, development and production.

A couple of things happened to them. They left with a better understanding of just what goes into a product. At some point that may make it a little easier to answer a patient's question about a pharmaceutical.

Most of them were impressed — and said so — with one vital aspect of our business: Quality Assurance.

All along the manufacturing course, they saw many of the hundreds of steps and precautions that are taken to meet that ultimate goal in pharmaceutical manufacture: a product that does exactly what it is supposed to do . . . in the body.

Most of these visitors will be practicing pharmacists and are better equipped to discuss drug manufacturing than they were prior to their Abbott visit.

We think that makes it a day well spent for our visitors, for us — and for the person on the other side of the counter.





## LIE DETECTOR TESTING: NOW THERE'S AN IDEA WHOSE TIME HAS COME

William T. Sawyer, M.S.

*Pharmacy Coordinator*

*Charlotte Area Health Education Center*

*Charlotte, North Carolina*

and

*Assistant Professor of Clinical Pharmacy*

*University of North Carolina School of Pharmacy*

*Chapel Hill, North Carolina*

The business application of the polygraph examination represents one of the most significant recent advances in progressive management. The profession of pharmacy has been a successful 'testing ground' where the value of this procedure has been conclusively demonstrated. Currently, polygraph testing is employed both as a screening tool during the hiring process as well as a device for routine assessment of employee honesty. Although originally implemented primarily to reduce pilferage losses, it has been shown to have greater value in other important areas. While there is little, if any, evidence to suggest that it does significantly reduce pilferage loss, the true value of polygraph testing is found in its ability to intimidate applicants and employees alike, producing a subservient attitude which is of considerable benefit to management. It substantiates the important premise that employees should rightfully function under constant close management scrutiny, and provides the mechanism to enforce that premise.

Because of these successes, it is reasonable to now consider additional polygraph applications. Among potential areas of expanded use, two are particularly promising. The first is education, particularly at the university level. For many years, undergraduate and graduate faculties have futilely attempted to curb widespread cheating while functioning under archaic and ridiculously ineffective so-called "honor systems." Such systems are, in fact, actually licenses allowing inherently dishonest student bodies to cheat without fear, since restrictions are placed only upon faculty supervision. This situation could be dramatically improved by routine use of polygraph testing. To be specific, all applicants admitted to freshman or first year graduate classes should be screened with a polygraph examination to determine their

fitness for matriculation. During the course of study, students should also be tested at the end of each academic year, to assess continuing adherence to the rules prohibiting cheating, and incidentally to detect other behavioral deviations which should be brought to the attention of administration.

Certainly the use of polygraph testing in the academic setting has potential value, but its application may be limited by cost considerations. It might be difficult to justify its employment to ensure honesty where revenue or corporate profit is not involved. Such a justification clearly exists, however, for a second suggested application, improving the efficiency of income tax collection. It is well recognized that a large group of Americans, estimated to number over 20 million, regularly and intentionally falsify their income tax return, resulting in a net annual loss to the federal government of several billion dollars. The imposition of yearly polygraph testing to determine honesty in tax return filing would reduce this unacceptable loss to a considerable degree. The expense involved in administering such a volume of annual examinations would be dwarfed by the increase in revenue. In fact, an additional advantage would be a reduction in staff needed for audits of returns. The salary requirement for the minimally trained polygraph operators are much lower than those of highly trained accountants, and serve to further enhance the cost effectiveness of the procedure.

It should be noted that even though the logic supporting the use of polygraph testing is substantial, certain minor criticisms have been raised. A careful examination of these objections, however, reveals their lack of validity. It has been suggested, for instance, that polygraph testing is an unacceptable invasion of privacy, that it is an infringement

*Continued on Page 25*

**THERE IS A WORD  
FOR AN ACT THAT  
MEASURES OUR WILLINGNESS  
TO LISTEN AND OUR  
CAPACITY TO EFFECTIVELY  
RESPOND...**

## **COMMUNICATION**

One of the most difficult acts to perform among people is proper communication. Effective, meaningful communication is often impossible to convey. The success of pharmacy has been based to a great extent on our ability to communicate with people at all levels of the drug delivery system... and to communicate with other segments and areas of health care.

All of us together can correct the problems of pharmacy. One real problem is our failure to speak up... to do a good job of communicating with each other and with

the public. Familiarity may breed contempt, but unfamiliarity tends to breed suspicion. Maintaining our good name and professional image deserves the urgent attention of everyone in pharmacy **today**. Effective, meaningful communication is the best way to assure the survival of pharmacy **tomorrow**... Indeed, it may be the only way.

### **Lawrence Pharmaceuticals**

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**Cont. from page 23**

upon the individual freedoms guaranteed by the Constitution, and that it represents a frightening step in the direction of a totalitarian state. How ridiculous can one be? A person's privacy is unimportant, and is, in fact, dangerous if it tends in any way to undermine our economic system. Individual freedoms must by necessity take a back seat to the maintenance of business profits. This country's strength rests upon a healthy economic system and any device that serves to ensure that health must be given priority over more trivial concerns such as individual freedoms, right to privacy, or Constitutional guarantees.

We are fortunate that the profession of pharmacy has been a leader in the practical application of polygraph technology. Many of the larger chain stores are using these techniques routinely, and it is, hopefully, only a matter of time before independent pharmacies, hospitals, and other institutions, public and private, fall into line. These accomplishments have not been achieved without some difficulty, of course. Initially, some objections were raised by pharmacists who felt that, as professionals, they were in some way "above" the practice. This reasoning is easily discounted, since the functions performed by pharmacists in these practice settings are no different from those of clerks and therefore do not exempt them from the testing procedure. Indeed, the misfits and malcontents who strenuously objected to the procedure and refused to undergo polygraph examination were therefore weeded out of the system and can no longer interfere with corporate activities. The process was also aided to a great extent by the large number of pharmacists who felt that they "had nothing to hide" and underwent examinations, without even considering the issues of right to privacy, etc. It has become very easy to indoctrinate pharmacists early in their career, during their training, by convincing students that they must take these tests to gain employment since they "need their hours to pass the state boards." Most students, when given a choice between accepting a convenient job which requires undergoing polygraph examination versus making any effort at all to secure a position which doesn't require such testing, will readily accept the former alternative. As long as they are able to obtain convenient employment and accumulate neces-

sary hours, with a minimum of effort, they are unconcerned with insignificant matters such as individual freedoms or the precedents which are set by requiring polygraph testing for employment.

Hopefully, the practice of polygraph testing will continue to flourish in other areas, as it has in pharmacy. Admittedly, this profession represented an ideal beginning point, given the general lack of independence of thought and action among practitioners and their increased concern with the more important things of life such as salary and job security. Of course, the polygraph should not even be considered for the more antiquated and unenlightened professions such as medicine or dentistry, since it would be impossible to coerce practitioners in these disciplines to accept this practice. But in both the academic setting, and in tax revenue collection, the future for application of polygraph testing appears to be bright indeed. It is truly an idea whose time has come.

---

North Carolina Pharmaceutical Association  
109 Church Street  
Chapel Hill, N. C.

**To Whom It May Concern:**

I wish to share with you an experience that I'm sure will repeat itself many times over in the coming months. This is a direct result of the recent legislation to force upon consumers poorly manufactured drugs and the inevitable consequences therefrom.

I recently refilled a prescription for an antidepressant specifying generic substitution permitted. The pharmacist gave her an off brand of amitriptyline (Regal). This patient had previously taken the Merck, Sharp, Dome product Elavil with no problems whatsoever. With this generic she suffered a severe generalized reaction consisting of nausea, weakness, headache, vomiting and it was obvious that either the drug itself or the dye within the tablet was the source of her problem.

You may be sure that I will no longer consider antidepressant generic drugs equally effective and I trust you will bring this to the attention of your organization and perhaps to the bureaucrats in Raleigh and Washington, who insist that the cost alone is the sole criteria for prescribing and dispensing drugs.

Sincerely yours,

Raymond C. Sullivan, M.D.

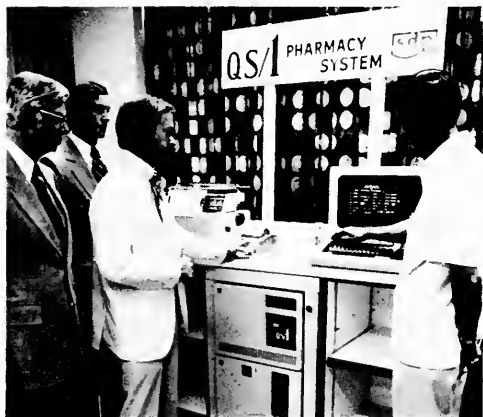
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Candler, NC 28715  
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Student Health Center  
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Mr. Weaver J. Kirkpatrick, Jr., Ph-Mgr.

Rite Aid Pharmacy  
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For further information on the new continuing education program on hypertension, please contact your CIBA Representative.

**C I B A**

## NOTICE TO NORTH CAROLINA REXALL CLUB MEMBERS

The North Carolina Rexall Club wishes to make a gift of stock to the North Carolina Pharmaceutical Association, a charitable institution, to establish a loan fund to aid needy pharmaceutical students at the University of North Carolina at Chapel Hill in honor of Mr. James E. Evans, deceased, and the North Carolina Rexall Club. Mr. Evans, formerly of Marion, North Carolina, and former owner of Evans Rexall Drug Store, was one of the founders of the club and it was solely through his efforts that the club was able to accumulate stock in several corporations. The purpose of this notice is to attempt to locate all former members of the club in order that they may be fully apprised of the intended action and given the opportunity to register objections, if any.

THEREFORE, TAKE NOTICE that the North Carolina Rexall Club will on or about May 1, 1980, through its properly elected officers, transfer to the North Carolina Pharmaceutical Association corporate stock owned by the club as a gift and for the purpose of establishing at the University of North Carolina at Chapel Hill a loan fund for needy pharmaceutical students in honor of Mr. James E. Evans, deceased, and the North Carolina Rexall Club.

Any objections should be registered with Mr. Hal Cornwell, Economy Rexall Drugs, Post Office Drawer 775, Lincolnton, North Carolina 28092, or with Mr. Jesse Pike, 136 Beverly Drive, N.E., Concord, North Carolina 28025, on or before May 1, 1980.

## DRUG RECALL

Beta-Val Cream 0.1%, 15 and 45 Gm tubes, lot numbers 90887, 91787, manufactured by Premo Pharmaceutical, Hackensack, NJ, and distributed by H. L. Moore Drug Exchange, Inc. New Britain, CN, has been recalled because of contamination with *Pseudomonas Cepacia*. Please check your stock at once and return any tubes to H. L. Moose Drug Exchange, Inc.

## WHAT OTHERS ARE SAYING

*A REMINDER ABOUT PRESCRIBING*, now that the two-line prescription form is in use. When you feel that a generic substitute would be medically appropriate for your patient, we would encourage you to sign the prescription blank on the left. By doing so you will permit the pharmacist to substitute a less expensive drug product thereby saving your patient money.

While we are on the subject of prescription blanks, the N. C. Medical Society reminds its member physicians that "it is unethical for physicians to use prescription blanks with the name of the pharmacy printed thereon." This interpretation of the Principles of Medical Ethics comes from the AMA's Judicial Council Opinions and Reports.

*The Bulletin*, No. 2, February 1980, N. C. Medical Society, Raleigh, N.C.

## NDA-ANDA INFORMATION NUMBER

With the advent of the Drug Product Selection Act, January 1, 1980, more and more products are appearing on North Carolina pharmacy shelves which may be marketed without FDA approval.

It is now possible to determine if a product does have an approved New Drug Application (NDA), or an Abbreviated New Drug Application (ANDA). Pharmacists can now call (301) 443-3700 in Washington, DC, and learn whether SPECIFIC drug products appear in the Approved Drug List published by FDA.

Inquiries should be directed to Ruth Somerville or Bertha Cook, FDA Division of Drug Information Resources. Do not use this number for other inquiries.

## MEDICAID FORMS REQUIRED

Effective April 1, 1980, all North Carolina Medicaid claims must be submitted on the new claim form (multi-recipient form), regardless of the date of service according to Shelton Brown, Medicaid Program Director, The Computer Company. It is important that all pharmacy providers use the NEW claim forms and discard their old (single recipient) claim forms, since the computer will not accept the old format after April 1.

## IN PRAISE OF PHARMACISTS

To The Editor:

One profession not given its due is the honorable and much-needed profession of pharmacy. A pharmacist's education and training is thought to be more knowledgeable in the field of drugs and drug usage than many practicing physicians. And many physicians acknowledge this to be true. For most M.D.'s, there is not enough time in the day to practice and keep up with the many new drugs that become available on the market each year.

A few years ago there was talk that medical doctors would welcome a change in medical-health procedure by diagnosing a patient's health problem, then having a pharmacist prescribe the medication the patient would need. Pharmacists were divided on this issue, mainly because of the heavy responsibility it would have put on their shoulders.

Many people don't realize that your local pharmacist can recommend many non-prescribed but effective medications for a slight or mild discomfort. He will also recommend that you see your doctor if he feels that doing so would benefit you best.

I remember well the birth of my first son. Lee Carter, a highly-respected pharmacist of Four Oaks, said anytime, day or night, that I needed to get a prescription filled or to get medical supplies, he would meet me at his pharmacy. Lee Carter has been true to his word.

There are many such honorable pharmacists in our county, all deserving of praise. I thank all the pharmacists who serve our county so well.

JOHN H. PITTMAN III  
Selma

From The Smithfield Herald, Tuesday,  
January 15, 1980

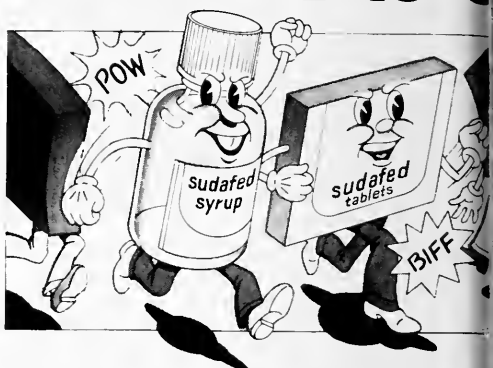
## MANN/FAY'S CALL OFF DEAL

Fay's Drug, Liverpool, N. Y. and Mann Drug, High Point, have called off the plan by which Fay's was to have purchased the Mann Drug Chain.

Henry Dowdy, president of Mann's said the operation would revert to the same type programs and operations which existed before the letter of intent was signed. There is no interest in seeking another purchaser, according to Dowdy.

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Source: IMS America; based on drugstore sales of OTC Sudafed 24's and 100's.



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## A WARNING ON THE LABEL—FOR PHARMACISTS

By Joseph Pacello, M.S., J.D.

Reprinted courtesy *Legal Aspects of Pharmacy Practice*

Drug product selection legislation, now on the books in 45 states,<sup>1</sup> has put pharmacists in a position of legal jeopardy because of improper labeling.

The law requires a precise and correct prescription label, nothing less. Chapter 5, Sec. 502 (352) (a) of the Federal Food, Drug, and Cosmetic Act states: "A drug or device shall be deemed to be misbranded if its labeling is false or misleading in any particular."<sup>2</sup> In this context, both criminal and civil liability might be presumed.

Here's a simple example of what cannot be done, using a brand name product to illustrate. Propoxyphene HCl, produced and marketed by Eli Lilly and Company under the brand name of Darvon, is also available from a number of other pharmaceutical houses (in very similar form and color). It is fair to say that large numbers of non-Lilly propoxyphene products end up in Rx containers labeled "Darvon", "like Darvon", "equivalent to Darvon", and so on. But the generic products are neither legally nor chemically like Darvon or equivalent to Darvon, and obviously are not Darvon, and the use of such phrases in labeling raises questions of consumer fraud, misbranding, and trademark infringement.

This practice cannot be supported either legally or ethically, and pharmaceutical manufacturers have made it clear that they will not sit back and watch repeated violations of their trademark rights. To quote a publication of the American Society for Pharmacy Law: "Manufacturers continue to take aggressive legal actions against pharmacies which fraudulently substitute and falsely label generic drugs for brand name products."<sup>3</sup>

Even if the physician says to label a generic drug as a brand name drug, every pharmacist in practice should know that this request has no legal standing. "The trademark . . . is a time-honored element of the market system which clearly identifies the owner and helps make him accountable for the quality and reputation of his products."<sup>4</sup>

Misbranding for the sake of convenience cannot be permitted in any form—the consumer has a right to know the identity and

source of the product, the original manufacturer has a right to trademark protection, the pharmacist has a duty to see that both parties are protected accordingly, and our legal system has a duty to see that the law is strictly enforced.

One version of an acceptable label designation, again using Darvon as an example, would be: "Propoxyphene HCl 65mg (substituted for Darvon)." This illustrates the only way in which a brand name might be used legally in conjunction with generic substitution.

### REFERENCES

1. Pharmacy Weekly 18:117, 1979.
2. Rx Ipsa Loquitur, Vol. 6, No. 6, June 1979.
3. Kaluzny El: Pharmacy Law Digest. Milwaukee, Douglas-McKay Inc., 1977-78, at 190.
4. Pharmaceutical Manufacturers Association: The Pharmaceutical Industry: Prices, Profits, Patents & Promotion. April 1978, at 28.

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## A DIRECT LINE OF 16 DESCENDENTS OF JOHN C. HOOD WHO HAVE SERVED NORTH CAROLINA AS PHARMACISTS

J. C. Hood was born near Bentonville, N. C., on March 30, 1830, and died in Smithfield, N. C. on September 30, 1887. Pharmacist Hood was engaged near Bentonville in coach manufacturing, turpentine distilling and general merchandise prior to 1871, when he moved to Smithfield, continuing the latter occupation until 1873, when he became associated with L. E. Kirkman in the drug business, in which he continued until his death. Pharmacist Hood was a charter member of the North Carolina Pharmaceutical Association, in the welfare which he evinced much interest, rarely failing to attend a meeting.

### FOUR SONS—ALL PHARMACISTS

1. T. R. Hood—See A
2. J. E. Hood—See B
3. B. R. Hood—See C
4. D. H. Hood—See D

### (A) THOMAS R. HOOD 1857-1940; Charter Member

Two sons:

- (1) William Dameron Hood (Will)

—Son Ruffin Hood is a M.D.

- (2) Henry Cogdell Hood (Hal)

All are past residents of Smithfield, North Carolina

### (B) JOHN EZEKIAL HOOD 1867-1921

Kinston, N. C.

Two sons:

- (1) R. Thornton Hood, Pharmacist

—Son Thornton, Jr. is a M.D.

- (2) John E. Hood, Jr.—was a drug clerk

—Roland—in past, a drug clerk

### (C) BOLD ROBIN HOOD 1865-1899

Smithfield, N. C.

Sons:

- (1) John C. Hood, Pharmacist 1890-1969

Two pharmacists (John C. Hood, Jr. and Marsha Hood Brewer); a registered nurse and one son-in-law, a pharmacist

- (2) B. Robin Hood, Druggist

- (3) Dixon B. Hood, Druggist

### (D) DAVID HENRY HOOD 1870-1942

Two sons, both pharmacists:

- (1) Paul C. Hood, Dunn, North Carolina

- (2) Thomas R. Hood, Dunn, North Carolina

- (1) Paul C. Hood—two sons:

(a) David Henry Hood, Pharmacist

(b) Ed Hood, Retail drug buyer

- (2) A son (Ruffin Hood) of Thomas R. Hood is a M.D.

### 4th GENERATION HOOD PHARMACISTS

D. Henry Hood, son of Paul C. Hood

Marsha Hood Brewer, daughter of John C. Hood

John C. Hood, Jr., son of John C. Hood

India B. Hood, daughter of Dixon B. Hood

Robert L. Hood, son of Dixon B. Hood

**5th GENERATION HOOD PHARMACIST**

Barbara Brewer Hankins, Charlotte, North Carolina

Daughter of Marsha Hood Brewer. Mrs. Hankins is a great great granddaughter of John C. Hood (1830-1887), who was a charter member of the North Carolina Pharmaceutical Association.

**TWO NCPHA PRESIDENTS**

The Hood Family of Pharmacists includes two past presidents of the N. C. Pharmaceutical Association: John C. Hood (1933-34) and his son, John C. Hood, Jr. (1971-72), both of Kinston.

**ONE HUNDRED YEARS OF CONVENTIONS**

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Winston, Opera House	1882 Aug. 9-10	Greenville, S. C., in conjunction with S. C. Ph.A., Hotel Imperial	1923 June 26-28
Wilmington, Germania Lodge No. 4	1883 Aug. 8-9	Wrightsville Beach, Oceanic Hotel	1924 June 24-26
Charlotte, Chamber of Commerce Hall	1884 Aug. 13-14	Blowing Rock, Mayview Manor	1925 June 23-25
Greensboro, Central Hotel	1885 Aug. 12-13	EnRoute to & from N. Y. City on an old Dominion Steamship	1926 June 21-25
Fayetteville, Carolina Club	1886 Aug. 11-12	Greensboro, O. Henry Hotel	1927 June 21-23
Asheville, Opera Hall	1887 Aug. 4-5	Morehead City, Morehead Villa	1928 June 19-21
Goldsboro, Kornegay's Hall	1888 Aug. 8-9	Asheville, Battery Park Hotel	1929 June 18-20
Durham, New County Court-House	1889 May 21-22	Raleigh, Sir Walter Hotel	1930 Aug. 11-13
Morehead City, N. C. Teachers Assembly Hall	1890 July 8-10	Wrightsville Beach, Oceanic Hotel	1931 June 23-25
Morehead City, N. C. Teachers Assembly Hall	1891 July 8	High Point, The Sheraton Hotel	1932 June 20-23
Raleigh, Hall of Phalanx Lodge	1892 Aug. 10-11	Charlotte, The Hotel Charlotte	1933 June 19-22
Greensboro, Chamber of Commerce Hall	1893 Aug. 9-10	Durham, The Washington-Duke Hotel	1934 June 25-27
Asheville, Y.M.C.A. Hall	1894 Sept. 3	Winston-Salem, Hotel Robert E. Lee	1935 May 13-15
Morehead City, N. C. Teachers Assembly Hall	1895 July 10-11	Greensboro, O. Henry Hotel	1936 May 12-14
Morehead City, N. C. Teachers Assembly Hall	1896 July 22-23	Raleigh, Sir Walter Hotel	1937 May 10-12
Raleigh, Manteo Lodge I.O.O.F.	1897 May 12-13	Asheville, Battery Park Hotel	1938 June 27-29
Charlotte, Y.M.C.A. Hall	1898 May 18-19	High Point, The Hotel Sheraton	1939 May 15-18
Durham, Old Fellow's Hall	1899 May 18-19	Charlotte, Hotel Charlotte	1940 May 21-23
Wilmington, Pythian Hall	1900 July 18-19	Durham, Washington-Duke Hotel	1941 May 13-15
Winston-Salem, Y.M.C.A. Hall	1901 June 19-20	Winston-Salem, Hotel Robert E. Lee	1942 May 11-13
Morehead City, City Hall	1902 June 19-20	Greensboro, O. Henry Hotel	1943 May 18-19
Morehead City, Atlantic Hotel	1903 June 11-12	Raleigh, Sir Walter Hotel	1944 May 23-24
Asheville, Battery Park Hotel	1904 July 14-15	Convention was cancelled	1945
Morehead City, Atlantic Hotel	1905 June 22-23	Asheville, George Vanderbilt Hotel	1946 April 14-16
Wrightsville Beach, Seashore Hotel	1906 June 14-15	Charlotte, Hotel Charlotte	1947 April 27-30
Lake Toxaway, Toxaway Inn	1907 June 13-14	Carolina Beach, Hotel Bame	1948 June 8-10
Morehead City, Atlantic Hotel	1908 July 8-10	Durham, Washington-Duke Hotel	1949 May 3-5
Greensboro, Benbow Hotel	1909 June 23-25	Asheville, George Vanderbilt Hotel	1950 April 23-26
Charlotte, Selwyn Hotel	1910 June 8-10	Pinehurst, Carolina Hotel	1951 May 20-22
Morehead City, Atlantic Hotel	1911 July 12-14	Pinehurst, Carolina Hotel	1952 May 21-23
Waynesville, Courthouse	1912 June 26-28	Pinehurst, Carolina Hotel	1953 May 24-26
New Bern, Graded School Auditorium	1913 June 11-13	Winston-Salem, Robert E. Lee Hotel	1954 April 11-13
Hendersonville, Court House	1914 June 17-19	Greensboro, O. Henry Hotel	1955 May 15-17
Durham, Elks Hall	1915 June 15-17	Raleigh, Sir Walter Hotel	1956 May 8-10
Wrightsville Beach, Oceanic Hotel	1916 June 20-22	Charlotte, Hotel Charlotte	1957 May 5-7
Asheville, Battery Park Hotel	1917 June 19-21	Durham, Washington-Duke Hotel	1958 April 13-15
Raleigh, Chamber of Commerce	1918 June 19-21	Asheville, George Vanderbilt Hotel	1959 April 19-21
Wrightsville Beach, Oceanic Hotel	1919 June 24-26	Winston-Salem, Hotel Robert E. Lee	1960 May 8-10
Asheville, Battery Park Hotel	1920 June 22-25	Greensboro, King Cotton Hotel	1961 April 16-18
		Raleigh, Sir Walter Hotel	1962 April 8-10

(Continued on Page 35)

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Charlotte, Queen Charlotte Hotel	1964 April 12-14
Durham, Jack Tar Hotel	1965 May 16-18
Asheville,	
Battery Park & George Vanderbilt	1966 June 12-14
Winston-Salem, Hotel Robert E. Lee	1967 May 7-9
Greensboro, Statler Hilton Inn	1968 April 7-9
Raleigh, Sherton-Sir Walter Hotel	1969 April 27-29
Charlotte, Coliseum Downtowner Hotel	1970 April 12-14
Durham, Durham Hotel	1971 April 18-20
Wilmington, Timme Plaza	1972 April 16-18
Boone, Continuing Education Center	1973 June 10-13
Pinehurst,	
Pinehurst Hotel & Country Club	1974 March 24-26
Winston-Salem, Regency Hyatt Hotel	1975 April 13-15
Wilmington, The Wilmington Hilton	1976 April 11-13
Greensboro, Holiday Inn-Four Seasons	1977 April 24-26
Asheville, The Great Smokies Hilton	1978 April 16-18
Raleigh, Royal Villa	1979 May 27th
Fly/Cruise aboard the Sunward II	May 28-June 1
Raleigh, The Hilton Inn	1980 April 13-15



**Mr. and Mrs. Jerome K. Johnson**  
**Co-Chairmen**  
**NCPHA Centennial Convention**

## **NORTH CAROLINA PHARMACEUTICAL ASSOCIATION 1880-1980**

### **CENTENNIAL HISTORICAL COMMITTEE**

Mr. and Mrs. W. J. Smith, Chapel Hill, Co-Chairmen

#### **Coordinating Committee**

Joseph C. Miller, Boone, NCPHA President, and Mrs. Miller

Mrs. Marshall Sasser, Smithfield, NCPHA Woman's Auxiliary President, and Mr. Sasser

Mr. and Mrs. Jerome K. Johnson, Raleigh, Co-Chairmen for 1980 Convention Planning

Mr. and Mrs. James L. Creech, Smithfield, Decorations and Souvenirs

Alfred H. Mebane, III, NCPHA Executive Director, and Mrs. Mebane

### **SPECIAL COMMITTEES AND ASSIGNMENTS**

#### *Centennial Financing:*

Milton Skolaut, Director of the Department of Pharmacy, Duke University Hospital, Durham

Rheta Skolaut, Past-President NCPHA Woman's Auxiliary, and current president, Duke Campus Club

L. Milton Whaley, Durham, Assistant Manager, N. C. Mutual Wholesale Drug Co.

A. H. Mebane, III, Executive Director, NCPHA, Chapel Hill

W. J. Smith, Director Emeritus, NCPHA, Chapel Hill

*Centennial Commemorative Program Production:* Mr. and Mrs. Haywood Jones, Zebulon

*Centennial Volume* (a collection of Centennial Artifacts and Records): Jean Provo and June West, Raleigh

*Liaison to City of Raleigh:* William H. Wilson, Member of the Raleigh City Council

*Liaison to State Historical Agencies:*

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Representative Barney Paul Woodard, Princeton

M. Keith Fearing, Former Member of the NC General Assembly and Mrs. Fearing, Manteo

Rex Paramore, Nashville, Member of the N. C. Social Services Board

*Liaison to Traveling Men's Auxiliary:* Horace Lewis, Raleigh, TMA President, Manager Raleigh Division, Colorcraft, Inc.

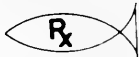
*Liaison to Drug Wholesalers of North Carolina:* Tom Sanders, Manager, W. H. King Drug Companies, Raleigh

February/March, 1980

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February/March, 1980

## SNOW HILL PHARMACY INCORPORATED

Snow Hill Pharmacy, Snow Hill, NC, was incorporated January 1, 1980. The owners are R. Veston Heath, Norman C. Lewis and Davis C. Lewis (Mrs. Norman C.)

## SMITH WHOLESALE DRUG CO. CHANGES NAME

J. M. Smith Corporation became the name of Smith Drug Company on October 12, 1979.

Wholesale drug operations will be identified as Smith Drug Company Division of J. M. Smith Corporation. For a period of time the trade style Smith Wholesale Drug Company will also continue to be used.

Data processing services and products will be marketed by Smith Data Processing (SDP) Division of J. M. Smith Corporation.

Please mark your records accordingly. There has been no change in ownership or management. The change was made to reduce confusion in the identification of our data processing activities.

## ATTENTION DRUG STORE OWNERS

N. C. RELIEF PHARMACISTS  
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Newly organized company has relief pharmacists available for your convenience week-days, week-ends, holidays, vacations, etc. We can help solve your employment problems in these and other critical situations. Our fee is nominal. Please call 919-383-7836 and leave your message.

Jeff Stillwagon, Manager

## MARRIAGES

Beverly Joan Fisher of Pendleton and David Collins of Wilson were united in marriage at the home of the bride on Saturday, December 15th.

The bride is a graduate of the University of North Carolina in Greensboro School of Nursing and formerly worked at Duke Medical Center in Durham. The groom is a graduate of the UNC-Chapel Hill School of Pharmacy and is a pharmacist in Wilson. The couple will live in Wilson.

## ERASABLE PEN DOES NOT MEET DEA REGULATIONS

A new erasable pen is being marketed that could facilitate the alteration of prescription orders and other documents involving the distribution of controlled substances. The ink in the pen does not dry permanently for two days after being used. In the interim, it can be erased as easily as pencil lead.

It is the opinion of DEA that the use of the erasable pen on prescription orders could lead to the diversion of drugs by simply altering the contents of the prescription order. Moreover, Sections 1306.05 and 1305.06(a) of Title 21 of the Code of Federal Regulations prescribe that prescription orders and official order forms shall be "*typed, written in ink, or indelible pencil.*" Consequently, the use of the erasable pen does not meet the provisions of existing regulations and it should not be used by DEA retail level registrants.

The new pen—called Eraser Mate—is available despite concerns that it may be misused. As evidence of this concern, a warning from the American Bankers Association will appear on the pen's package. The notice recommends that the pen not be used to sign or endorse checks or similar documents in order to guard against possible alterations.

## PHARMACIST DESERVING RELIEF WORK

Pharmacist Desiring Relief Work in Johnston and surrounding counties. Please contact M. T. Upchurch, Jr., 507 Hancock St., Smithfield, NC 27577 or call NE4-2109

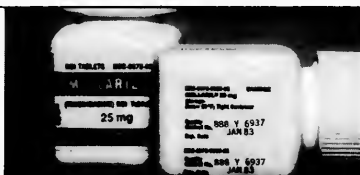
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## OUR SERVICE

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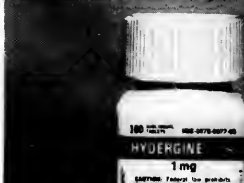
- Semi-annual dating (January or July) for our products with a shelf life of over two years.

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- Revised return-goods policy with computerized system to speed up service.

- Make label-reading easier.



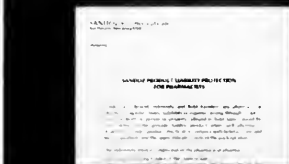
- Greater label clarity with "up-front" identification of strength and product form.

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- A film library at the disposal of the pharmacist.

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## HARNETT COUNTY

The Harnett County Pharmacists began the new year with an informative program about the Area Health Education Centers in North Carolina. Claude Paoloni from the faculty of the UNC School of Pharmacy in Chapel Hill discussed AHEC in general, showing slides made in all nine areas in the state. Hunt Taylor, who has the faculty position of clinical pharmacist in the Fayetteville AHEC, discussed that area in particular. FayHEC includes Cumberland, Robeson, Harnett, and several other adjoining counties. The fact that they have begun the process to set up informative seminars for pharmacists in this area was of special interest.

The meeting was Monday evening, January 28th, at Health's Steak House in Dunn. There was a brief business meeting preceding the program.

Those attending were I. J. Pruette from Angier, Caul Jernigan, Larry Thomas, J. I. Thomas, Herman Medlin, Ernestine Lynch, and Herman Lynch from Dunn, Jan Wilson from Buies Creek, Neil McPhail and Edith Ann Caviness from Lillington, and four guests.

Submitted by Edith Ann Caviness

## CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, February 12, 11:30 a.m. at the Park Road YWCA. Mrs. Mary Lou Davis, president presided. After the luncheon, Bill Culp, supervisor of the Charlotte-Mecklenburg Board of Elections spoke to the group.

Assisting with arrangements were Uldeene Potter, Jewel Oxendine and Clara Wingate.

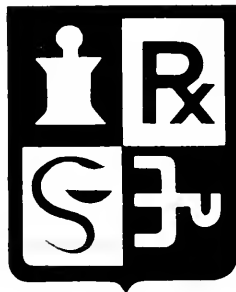
Margaret Smith

## CHARLOTTE

The December meeting of the Mecklenburg Pharmaceutical Society was held December 9th. Highlighting the evening was a tribute to Gilbert Colina, recently retired Director of Pharmacy at Mercy Hospital. Colina was the founder of the Society and was responsible for the establishment of a poison control center at the hospital.

Reported by

Tom Sinnett, President



## PHARMACIST KILLED IN PLANE CRASH

Joseph F. Bland, High Point, pharmacist and owner of Arthur's Pharmacy, was killed Friday, March 14, in the crash of a Polish airliner at Warsaw, Poland. Bland, president of the North Carolina Amateur Athletic Union, was selected last fall to serve as manager of the U. S. boxing team which was on its way to compete against the Polish national team. A native of Thomasville, Bland was a 1963 graduate of the UNC School of Pharmacy, and was employed by Mann's Drug Stores in High Point before purchasing Arthur's in 1967. He is survived by his wife Emily, three daughters and one son.

SCHOOL OF PHARMACY  
UNIVERSITY OF  
NORTH CAROLINA  
AT  
CHAPEL HILL

Carolyn Clayton, Editor

# Script

## DEAN'S MESSAGE

### NOT ENOUGH TEACHERS

From time to time I have discussed my concern over our failure to recruit our pharmacy students for continuing their education beyond the baccalaureate degree. If the present trend continues and it seems very likely that it will, there will be fewer and fewer bright young men and women opting for graduate work, and those who do and complete their work will be largely attracted to non-academic endeavors where the compensation is significantly greater.

Some will ask why I might be concerned. It is my belief that if this trend continues, our educational program will suffer even more than it is currently. We as well as the practitioners want our students to be vitally interested in, to be optimistic about, and to strive for an even better future for the pharmacy profession. How can this be accomplished if we fail to capture the imagination and interest of students who might go on to graduate work in one of the pharmaceutical services and a career in academia?

Even prior to the "Carolina freeze" on hiring we have failed to recruit for vacancies on our faculty. The most recent faculty openings survey conducted by AACP shows that there are 200 openings in schools of pharmacy. How and who will fill these positions?

11400

## SPECIAL REPORT

### Minority Representation Statistics at UNC School of Pharmacy

—LeRoy D. Werley, Jr.  
Associate Dean

#### *Background Data*

There are 4 predominantly minority schools among the 71 accredited schools of pharmacy in the continental United States. The 71 schools are divided into 8 separate districts for reporting purposes under the American Association of Colleges of Pharmacy and the National Boards of Pharmacy.

Minority enrollments, although they have increased, still only represent 2,263 students (9.8% of total enrollment). Blacks remain the largest group with 942 students (4.1% of total enrollment) and the American Indians the smallest group with 34 students (0.15%). Nearly one-half (48.5%) of the black students are enrolled in the 4 predominantly minority schools of Texas Southern, Florida A & M, Xavier and Howard. Note: UNC is tied for 13th place in numbers of Black Americans enrolled in Schools of Pharmacy and 2nd among eleven schools in the southeast dis-

trict. Only one of the 4 minority schools, Florida A & M offers a graduate program. Of the 71 schools of pharmacy, 46 offer Masters and Ph.D. programs, 9 offer Master's Degrees only and 18 schools offer no graduate programs.

#### *Recruitment*

1. *Current Activities*—The Associate Dean and a part-time minority advisor are responsible for recruitment activities which include but are not limited to: a) health careers projects and seminars, b) visits to high schools and colleges upon request, c) active participation of practitioners at local meetings, d) direct mailings and follow-up, e) personal interviews, f) membership in North Carolina Health Manpower Program, g) meetings with high school and college counselors.

The School also maintains a Speakers Bureau to visit all four-year colleges in the State for purposes of graduate student re-

cruitment and speakers are available for undergraduate activity.

2. *Future Activities*—We need to develop a more formal recruitment and retention program to be handled by a full-time minority recruiter. Current budget does not permit this activity and the less than adequate student/faculty ratio prohibits an effective enrichment program. Trends in minority enrollment point out the need for more active recruitment to: a) effectively interest minority high school students, b) overcome reluctance of minority schools to lose qualified students after two years of college (the pharmacy program involves two years of prepharmacy followed by three years of professional schooling), c) encourage existing minority manpower consortiums to focus more on pharmacy.

We are committed to effectively recruit eligible students from a diversified population with special emphasis on minority and low income groups. Our future goals include increasing enrollments of qualified minorities whose interests are compatible with the practice of pharmacy.



## CORRECTION

In the January issue of the *Carolina Journal of Pharmacy*, two errors occurred in the story, *Student Awards*. Mary C. Sherrill (5/5) is conducting research on antacid therapy under faculty research sponsor G. David Rudd, Assistant Professor, Division of Pharmacy Practice. Linda H. Dail (3/5) is conducting her research on theophylline chromatography under faculty research sponsor B. Wesley Hadzija, Associate Professor, Division of Pharmaceutics.

## DRUG INFORMATION REPORTS

—Carolyn Clayton

### QUESTIONS RECENTLY RECEIVED:

(1) *What is the current status of the controversy as to whether or not oral contraceptives enhance vaginal yeast growth?*

Since the early 1960's, many clinicians have added oral contraceptives to the list of possible predisposing factors which may increase the incidence of vaginal yeast infections. Pregnancy, diabetes, and antibiotic therapy are the others most frequently included.

Researchers have suggested that the glycogen content of the vaginal mucosa alters during oral contraceptive therapy to provide a more favorable environment for yeast. There are studies also showing (a) that there is a tendency for these infections to recur; (b) that the incidence of infection increases with the duration of usage of oral contraceptives; and (c) that there is occasionally failure of conventional monilia therapy in some patients until the oral contraceptives are discontinued.

Interestingly, other reports are appearing in the literature of the 1970's which suggest that there may be no significant association between oral contraceptive usage and yeast infections. These later observations are prompting more investigations.

Until more research is in, however, the preponderance of evidence still indicates an increased incidence of monilia infections in oral contraceptive users.

(2) *Could you give us an update on Ticrynafen?*

In the November issue of *Script*, we provided information about ticrynafen (Selacryn®, SKF) which was released later last year as a uricosuric, antihypertensive diuretic.

We feel we should now remind you that on January 16, 1980, the manufacturer recalled Selacryn®. SKF is requesting pharmacists and physicians to alert patients receiving Selacryn® to return to the prescriber for alternate therapy.

For additional information, contact Betty Dennis, Division of Pharmacy Practice, UNC-CH School of Pharmacy.

## O'HENRY

Did you know that the famous American short-story writer, William Sydney Porter, who used the pen-name O'Henry was also a Greensboro, North Carolina pharmacist? His following quotations concerning big cities and women may not be his most memorable, but they do give an interesting view of the late 1800's. (Selections from *A Treasury of Great American Quotations*, by Charles Hurd, Hawthorne Books, Inc., New York)

1. In dress, habits, manners, provincialism, routine and narrowness, he acquired that charming insolence, that irritating completeness, that sophisticated crassness, that overbalanced poise, that makes the Manhattan gentleman so delightfully small in his greatness.

*Defeat of the City*

2. If there ever was an aviary over-stocked with jays it is that Yaptown-on-the-Hudson called New York.

*The Gentle Grafter*

3. East is East, and West is San Francisco, according to Californians. Californians are a race of people; they are not merely inhabitants of a State.

*A Municipal Report*

4. If men knew how women pass the time when they are alone, they'd never marry.

*Memoirs of a Yellow Dog*

5. She would have made a splendid wife, for crying only made her eyes more bright.

*No Story*

## AUDITORIUM RENOVATION

Usually, renovations on campus are not noteworthy for their speed in completion. However, the Christmas holidays really brought a surprise to the students returning on January 7th.

The School's auditorium, Room 111, which had not noticeably changed in appearance since the opening of Beard Hall twenty years ago, had been almost entirely refurbished.

With wall to wall carpeting, upholstered seats and woven wood shades on all windows, the effect is that of a comfortable theatre. In the near future, a new podium and upholstered chairs for the stage will complete the picture.



**Workmen giving the finishing touch to Room 111—just in time for Spring Semester to begin.**

## 92 L

This is the final semester for many students at the School of Pharmacy. Now, in the Academic Externship Program (course 92L), they have the opportunity to bridge the gap between student and practitioner and to translate their preceding coursework into practical experience.

For the entire semester, the 5/5's are off-campus on rotation under the supervision of the AHEC pharmacist in their respective areas and their Practitioner Instructors (PI's). During this time, each student will serve either 5 weeks in a community pharmacy and

10 weeks in hospital settings, or vice versa.

92L allows the students to earn up to 600 hours of externship credit toward the 1500 required by the N. C. Board of Pharmacy. This year, for the first time, there is the possibility that students graduating in May will be able to take the Board examination in June if they have earned their 1500 hours credit. The current ruling requires 500 hours post-graduation, which means that graduates must work a full summer prior to taking the Boards. However, a public hearing on this matter will be held March 18 at the Board of Pharmacy. 92L students are anxiously awaiting the results.



Robert L. Smith, AHEC Assistant Director, addresses fifth year students, as they begin their 15 weeks in the Academic Externship Program.

## FROM OUR MEMBERS

To: Mr. Shelton Brown, Jr., Project Director,  
Title 19

Dear. Mr. Brown:

This letter is to inform you that our pharmacy, #79505-4, will no longer participate in the Medicaid Program after the end of this month; UNLESS... thirty days notice is required and of course if it is then we will honor this time in order to provide you with proper notification.

There really is little need to say why we are taking this step; I am sure many pharmacies have already done that in detail but our chief reasons are due to all the nit-picking we read about rather than anything concerning this pharmacy per se.

We of course have never liked all the UN-NECESSARY paper work nor the cut in AWP on almost every Rx for the few cents cut on each Rx do amount up as PAID must know... they get it!

One other reason is that we have noticed a decline in the number of eligible people in our area (which is TERRIFIC!) but most of all I must single out the total lack of any INDIVIDUAL FREEDOM whatsoever. We... all AMERICANS have lost most of our freedoms to the bleeding-heart socialist and this does

## CONVENTION SPONSORS

In appreciation for substantial support of the 100th Annual Convention of the North Carolina Pharmaceutical Association and Affiliated Auxiliaries, the following companies are gratefully recognized:

Ayerst Laboratories  
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Ortho Pharmaceutical Corporation  
Owens Illinois  
Roche Laboratories  
A. H. Robins  
Schering Corporation  
Smith Kline & French Laboratories  
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The Upjohn Company  
Wyeth Laboratories

not jell with our conservative views.

We have considered dropping this program for quite a long time but have continued for only one reason: we have and have had several people whom we choose to service for we knew they needed this help, however, we cannot allow a few individuals nor the government (anymore than possible) to take all the gravy while leaving us all the headaches, etc. which all socialistic programs do. It's a matter of principle.

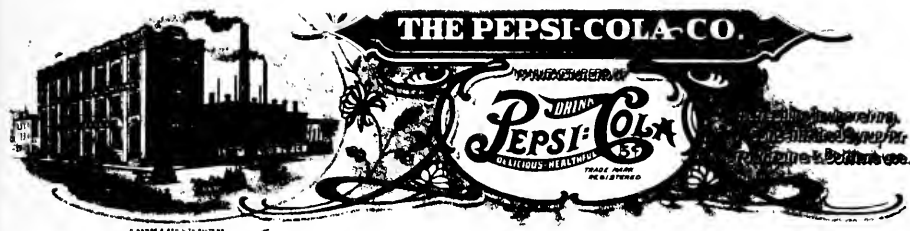
We have had no complaint with receiving payments on this program for ours have been made on time usually. We have tried very earnestly to operate it as we do anything we offer in our pharmacy and, like supporting manufacturers who discriminate against independent pharmacies in price structure and have for years, using us as a mere chain in their distribution link, we have dropped them and will continue to do so until pharmacy is recognized as something besides a whipping-boy for all agencies.

We do regret having to make this move but find it must be done.

Very truly yours,  
Joe Chandler, Pharmacist

P.S. We have been filling Virginia Medicaid and are also dropping this state as well as North Carolina.





HOME OFFICE NEW BERN, N.C.  
July 4th. 1918.

## HOW WELL DO YOU KNOW N. C. PHARMACY HISTORY?

Here are the answers to the ten questions which appeared in the January 1980 issue of The Carolina Journal of Pharmacy under heading as indicated above. Also, the names of Journal readers who correctly answered the ten questions and thus qualified for a mortar and pestle.

1. What world-famous soft drink was formulated and marketed by a member of the N. C. Pharmaceutical Association?

**Answer:** See letterhead above. Formulated by Dr. Bradham as an indigestion remedy; at one time contained pepsin.

2. Name of NCPHA member who became one of the nation's best known authors.

**Answer:** William Sydney Porter (O. Henry).

3. Who was the first woman pharmacist to be licensed in North Carolina?

**Answer:** Mrs. P. B. Kyser, Dean Howell's sister and Kay Kyser's mother.

4. Name of person who helped organize the NCPHA and later served as Secretary of the U. S. Navy?

**Answer:** Josephus Daniels, for many years Editor of the Raleigh News & Observer. Was an employee of the first president of the NCPHA, Edward Morse Nadal of Wilson, in 1880 when first steps taken to organize the NCPHA.

5. Name of pharmacist who served two consecutive terms as President of the N. C. Pharmaceutical Association.

**Answer:** Wade A. Gilliam of Winston-Salem.

6. Name of School of Pharmacy located in

Greensboro prior to 1915.

**Answer:** Pape's School of Pharmacy.

7. N. C. Pharmacist who served as President of APHA:

**Answer:** William Simpson.

N. C. Pharmacist who served as President of NARD:

**Answer:** John Goode.

8. Name of N. C. pharmacist who serves as President of the N. C. Association of Independent Colleges & Universities.

**Answer:** John Henley.

9. Name of N. C. pharmacist who served 22 years in Congress:

**Answer:** Carl T. Durham.

10. Name of nationally-known effervescent proprietary product first formulated in Chapel Hill.

**Answer:** Bromo Seltzer by Commodore Emerson who operated a small pharmacy near the corner of Columbia and Franklin Streets.

## ANSWERED THE TEN QUESTIONS CORRECTLY

1. Edward A. Brecht, Chapel Hill
2. H. C. McAllister, Chapel Hill



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Convention planning committee. Seated, left to right; Mrs. Marshall Sasser, Mrs. James Creech, Mrs. Horace Lewis, Mrs. Al Lockamy, Mrs. Al Mebane, Mrs. Jack Watts. Standing; James Creech, Jack Watts, Jerry Johnson, Al Mebane, Al Lockamy, W. J. Smith, Marshall Sasser, Mrs. W. J. Smith, Mrs. J. K. Johnson. (Photo by Colorcraft)

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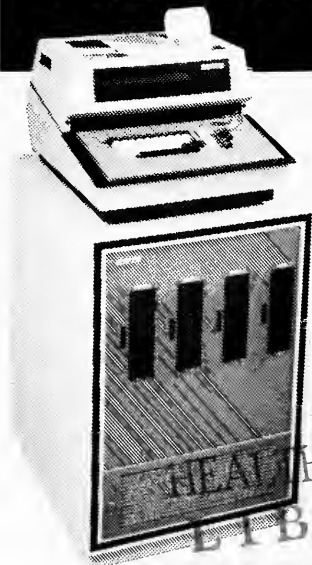
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# THE CAROLINA JOURNAL of PHARMACY

HEALTH SCIENCES

NUMBER 4

VOLUME 60

APRIL 1980



**Jack G. Watts, President**  
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1923  
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**1933** First Formulation of  
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**1952** U-500, Concentrated  
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**1954** Lente® Iletin

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**1972** Iletin of Single Peak Pur

**1973** U-100 Iletin and Neutral  
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**1980** Iletin II, Pork



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# THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

APRIL 1980

VOLUME 60

NUMBER 4

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## HIGH POINT MOURNS LOSS OF JOE BLAND

*By William Keesler*

HIGH POINT—Ruby Mowery shook her head as she looked into the cash register and failed to find change for a \$10 bill.

"Things just haven't been right today," moaned the 62-year-old drugstore clerk. "Our owner was killed this morning in a plane crash."

The store's owner, Joe Bland, was president of the N. C. Amateur Athletic Union and the manager of the 23-member U. S. amateur boxing team aboard a Polish airliner that crashed near Warsaw, Poland, Friday, killing all 87 passengers aboard. Friends gathered throughout the day, both at the Bland family home on Westwood Avenue and at the aging drugstore building on the corner of South Main Street and Kearns, to mourn the loss of the 48-year-old High Pointer and pay tribute to him.

By all accounts, Bland's life was anything but bland. "He might have been a little man in terms of physical size (about 5-foot-7 in height), but he had a heart as big as life," said Frank Smith. "He always had a smile. He enjoyed every minute of every day."

Smith, 50, the owner of a commercial collection agency, is one of a number of men who drop by the drugstore every day to talk sports and the price of silver. He was one of several regulars sitting around the two small tables at the side of the store about midday Friday discussing Bland.

"As far as I'm concerned, he was just tops," said Henry Kivett, 48, a postman. "He'd listen to your troubles and tell you how to solve them. He was sorta everybody's doctor."

The men seemed to have recovered from the initial shock of Bland's death, but they stopped talking briefly when an employee's mother entered the store and began crying loudly. Every now and then one of the men would walk behind the counter and pour himself another cup of free coffee.

Employees say the store still bears many of the features it had during the approximately 40 years Dr. Arthur Joyner owned and operated it. Bland, who went to work for the Mann drug chain after graduating from the University of North Carolina, bought the business about 15 years ago after Joyner died. It still

bears the old name—Arthur's Pharmacy.

"This is just an old-fashioned drugstore," said Jean Graves, 33, a pharmacy technician who has worked there eight years. "It always was. That's the way he (Bland) kept it."

The boss, she said, "was one of the best men there ever was."

"A lot of people here in town looked on Joe as both their doctor and their pharmacist," Smith said. "Joe was familiar with what the doctors in town were prescribing. If you were sick, he usually would know what you needed and would give you what he could under the law. He saved a lot of people trips to the doctor that way. And if you needed medicine but couldn't afford it, he would make sure you didn't leave the store without it."

"There are going to be a lot of elderly people who are going to miss Joe," Oscar Ellington, generally described as Bland's best friend, said later during a telephone interview. "Joe just couldn't say no to anybody."

Bland's wife, Emily, opened the store Friday at the usual time, 9 a.m., because she had the only key. Bland's oldest daughter, Cindy, 24, said the family had heard about the crash on the radio about 7:30 a.m. and began fear-

*(Continued on Page 7)*

*Remember the Day  
...in Pictures*



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## We hear you...

Since 1978, SK&F messages in state pharmacy journals have featured community pharmacists from Jacksonville to Yakima, from Albuquerque to Yackinville—all talking about various problems or concerns that now confront them in their professional practices.

These concerns ranged from security against crimes to meeting continuing education requirements. Some talked about the need for quality generics, product liability protection and more product information. Another was interested in better ways to train and motivate employees.

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If you would like to find out more about our many pharmacy programs, contact your SK&F Representative or write to SK&F in Philadelphia.

**We're listening,  
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The company that's interested in you.

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ing the worst. A telephone call from the International Boxing Committee confirming the tragedy did not come until about 9:15. The children went to the store to tell their mother. Then the family went home.

Initially there was shock. "I can't get over it," said Louis Fisher, Sr., a High Point lawyer who worked with Bland in AAU activities. "It just hit me right between the eyes, I don't want to believe it."

Ellington, 59, a retired High Point restaurateur and sporting goods store owner, was at Camp Lejeune after officiating at the just completed All-Marine Boxing Championships when he heard the news. "I was sitting in a cafe eating breakfast this morning when I heard some fellows talking about a plane crash," he said. "And I asked them to repeat it."

"It was just like losing a whole family," he said. He knew not only Bland but also most of the other officials and boxers on the team.

Bland was a member of the Mercury Athletic Club, a local group including Fisher and Ellington that sponsors sporting events. Fisher, 77, helped found the N. C. chapter of the AAU in the 1930s, and he drew Bland and several other High Pointers into the chapter's activities.

According to Paul Appel of High Point, a car salesman and past N. C. AAU president, Bland first became involved in AAU swimming events about 20 years ago. All four of Bland's children have been competitive swimmers, and ironically, while Bland helped conduct meets, he never learned to swim himself. "We used to laugh and joke about that a lot," Cindy Bland said.

Appel said Bland became interested in boxing in 1972. He served as assistant manager of the U.S. team at the World Cup Boxing Championships in New York last year and helped Ellington conduct a United States-Cuba boxing meeting in Charlotte in February.

Ellington said he was offered the job of managing the U. S. team in the Poland meet but declined because of emphysema. Last fall, an AAU selection committee elected Bland to fill the post. Bland had attended the Pan American Games, his daughter said, but the Poland meet was his first trip to Europe. Such trips were expensive to Bland financially, friends said. He often had to pay his own expenses, and he had to hire a substitute pharmacist to keep his business open from 9 a.m. to 7 p.m., Monday through Saturday, while he was away for weeks at a stretch. Neverthe-

less, he continued volunteering his time for athletics.

In addition to swimming and boxing, Bland enjoyed buying and selling silver and taking fishing trips to the coast with his only son, Joey, 14. Smith said Bland once was an avid UNC football and basketball fan but that he gave that up after becoming an even more avid fisherman. Bland and his wife taught a Sunday school class for the mentally retarded at High Point's First Methodist Church.

There were some red eyes among the crowd of friends at the Bland house Friday afternoon. But mourners smiled grimly as they talked of Joe Bland and his contributions. "I think he wanted to put back into life what he got out of it," Mrs. Bland said.

*Reprinted from the Saturday, March 15, 1980, Greensboro Daily News.*

### **PERSISTENCY OR HARASSMENT? ASSOCIATION-APPROVED COLLECTOR BACKS LAWFUL PRACTICES WITH HOLD HARMLESS AGREEMENT**

St. Paul—I. C. System allows you to "Avoid Legal Hassles" while dealing persistently with debtors on your behalf. That message, carried in the ninth of I. C.'s "Debtors Say the Darndest Things" mailers, is now being sent to all who use their association-approved collection program.

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Members who use the program are assured that I. C. will act responsibly on their behalf by way of an exclusive Hold Harmless Indemnity Agreement that releases them from any and all legal responsibility in the unlikely event of a suit resulting from I. C.'s efforts to collect.

The company's persistent, but always lawful, collection methods have proven effective throughout 41 years of association service. I. C. reports collections of \$11,112,891 for the first quarter of 1980, up 27% over collections made during the same quarter last year.

April 11, 1980

# THERE IS A WORD FOR AN ACT THAT MEASURES OUR WILLINGNESS TO LISTEN AND OUR CAPACITY TO EFFECTIVELY RESPOND...

## COMMUNICATION

One of the most difficult acts to perform among people is proper communication. Effective, meaningful communication is often impossible to convey. The success of pharmacy has been based to a great extent on our ability to communicate with people at all levels of the drug delivery system... and to communicate with other segments and areas of health care.

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the public. Familiarity may breed contempt, but unfamiliarity tends to breed suspicion. Maintaining our good name and professional image deserves the urgent attention of everyone in pharmacy **today**. Effective, meaningful communication is the best way to assure the survival of pharmacy **tomorrow**... Indeed, it may be the only way.

### Lawrence Pharmaceuticals

Post Office Box 5386/6100 Phillips Highway  
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#### DRUG AUXILIARY OFFICIALS

Two state officials of the Woman's Auxiliary of the North Carolina Pharmaceutical Association visited the Western North Carolina Drug Auxiliary Thursday at a meeting held in the Country Club of Asheville. The organization is made up of wives of pharmacists and medical service representatives. Mrs. Marshall Sasser of Smithfield, seated in front, is president of the state organization. Others shown were, in back, (L-R): Mrs. B. P. Woodard, Sr. of Princeton, corresponding secretary of the state organization; Mrs. Harry J. Dover of Asheville, WNC Drug Auxiliary president; and Mrs. Henry H. Shigley of Asheville, vice president of the WNC Drug Auxiliary and second vice-president of the state organization.

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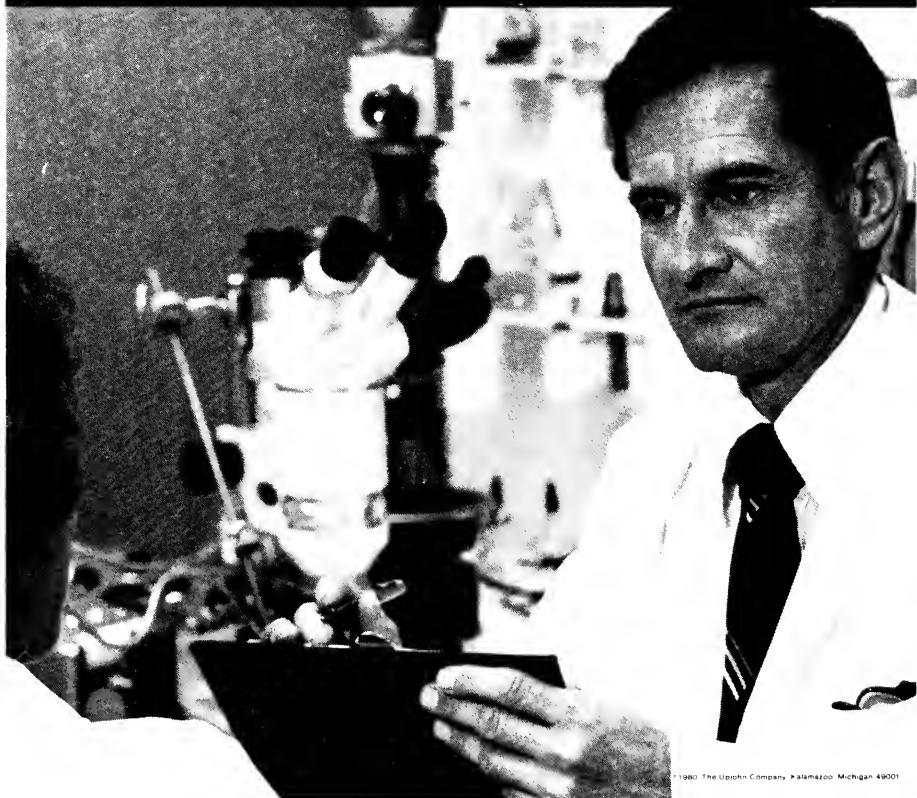
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## Consumer Attitudes About Pharmacists and Their Services

**Jack M. Newcomb, R.Ph.**

*Manager, Pharmacy and Trade Relations*

*The Upjohn Company*

*Presented*

*to the*

National Council of State Pharmaceutical Association Executives

April 22, 1979

Anaheim, California

In 1976, the Upjohn Company sponsored a national survey of customer attitudes about pharmacists and their services and we now have the opportunity to compare what customers thought in our bicentennial year with current opinions and impressions.

At the outset I want to issue a mild caveat: interpreting surveys can be a tricky, and highly biased undertaking. The problem of interpreting data reminds me of a friend who came home from a doctor's appointment and informed her husband that the doctor had told her that it was essential for her to go to Miami Beach, Aspen and buy herself a mink coat. The husband was alarmed by this prescription, so he called the doctor. "What's all this malarkey about Miami Beach, Aspen and a fur coat?" The doctor replied: "I recommended to your wife a regimen of frequent baths, plenty of fresh air, and to be sure to dress in warm clothes."

My point is that communication is clouded by personal and professional bias. We all have the tendency to see what we want to see. In reporting the data from this study I'll draw conclusions as I see them, but they may differ from the way you view the data. On a grander scale, I believe that most of the data are pretty clear and their implications for pharmacists fairly apparent.

As we go through the survey it will be useful to keep the concept of "Viewpoint" in focus; each of us has a tendency to look out for "number one." But in a service business it is essential to keep the other fellow's view clearly in sight.

The point is that we in industry and in the practice of pharmacy must really *want* to help and really be *committed* to helping people solve their own problems.

In order to help people solve their problems, we have to know what those problems are. Surveys such as this, are but one of many useful tools that can be employed to help us identify such problems.

The Upjohn Company began its "pharmacy image survey" program in 1975: since then we've done two national surveys as well as surveys in 15 states. Our objective in taking these many surveys was one of our many programs to assist pharmacy. Naturally, there would be a report card of pharmacy and pharmaceutical services as expressed by the consumer, but of greater importance was to hopefully identify opportunities for pharmacy as preceived by the customer. Over a four-year period we've acquired a prodigious amount of data on customer attitudes. Like the fabled Mr. Pallidin, we "have slide show, will travel." The surveys and presentations are part of our professional service program. Obviously the surveys are of some use in our own marketing efforts, but they are, in our view, most useful to the practicing pharmacist.

The survey technique provides a kind of organized, formal feedback that cannot be obtained in the environment of the community pharmacy. Let's turn now to the survey and see what pharmacy customers in the United States, think about the services they receive.

This national survey was conducted this past December and January by Market Facts Inc. for the Upjohn Company. More than one thousand people were interviewed by telephone. In order to qualify for the survey, a respondent had to have had a prescription filled in a community pharmacy within the past six months and could not have anyone in the immediate family who is a pharmacist, physician or nurse. Because of these restrictions we don't have a true, statistically-pure random sample, but we do have a relatively good cross section of current users of pharmacy services. As an aside, I should point out that 74% of the survey respondents had a prescription filled within one month of their interview.

*(Continued on Page 15)*

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**BE SELECTIVE—  
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Education/Income  
PROFILE OF U. S. RESPONDENTS  
1978

Education	Total	Annual Family Income			
		Under \$7,500	\$7,500- \$15,000	\$15,000- \$25,000	\$25,000 & Over
Grade School or Less	7%	25%	8%	3%	2%
Some High School	9	15	12	7	2
Completed High School	33	31	40	36	27
Some College	25	18	24	26	28
Completed College	25	10	16	28	41
Refused	1	1	--	--	--
	100%	100%	100%	100%	100%

Let's begin by taking a quick look at some of the characteristics of our respondents. Here we see a correlation between education and income. As one might expect, there is a positive relationship between educational background and income for respondents in this national survey. As educational level increases, so too does personal income. More than one-third of the people in the lowest income category had not completed high school, while more than two-thirds of the folks in the highest income category had at least some college experience.

Age/Income  
PROFILE OF U. S. RESPONDENTS  
1978

Age	1970 U.S. Census	Total	Annual Family Income			
			Under \$7,500	\$7,500- \$15,000	\$15,000- \$25,000	\$25,000 & Over
18-34	36.4%	35%	15%	40%	45%	36%
35-49	26.3	26	15	17	29	36
50-59	15.8	18	17	19	18	17
60 & Over	21.5	21	53	24	8	11
	100.0%	100%	100%	100%	100%	100%

In this survey, more than half of the families with an income of less than \$7,500/year had a head of the household who was 60 or older. This compares with only 11% for families with a yearly income over \$25,000. In some of the exhibits to follow, respondents will be classified on the basis of family income. Keep in mind that, in general, the lower income families tend to be *less educated* and older: Higher income families tend to be better educated and middle-aged.

While no effort was made to establish age quotas in order to match known population parameters, the sample was quite representative of the nation's population in terms of age. This can be pointed out by comparing the national census data in the first column with the "total" column in age/income table. The closeness of this data either confirms the census, or demonstrates the classic luck of the draw in selecting respondents. Either way, the correlation with the latest census is very close.

On the lighter side, I recently ran across an advertisement in a journal telling people that the 1910 census is now available to the public. That's government efficiency in peak form!

(Continued on Next Page)

Number of Prescription Medications  
Currently Taken by Patient and Family  
UNITED STATES

	1978	1976
One or More	62%	67%
Two or More	41	42
Three or More	24	23
Four or More	15	14
Five or More	9	7
Nine or More	1	1

Prescription drug usage by families in the U. S. has not changed substantially from 1976 to 1978. The proportions in both columns are very similar.

As indicated earlier 74% of the survey respondents had a prescription dispensed within one month prior to their interview. Thus, their answers should be very meaningful and not subject to many problems resulting from inaccurate recall.

Note here that almost one of four families is taking three or more prescription medicines. This is a pretty substantial percentage. For our purposes this degree of consumption should alert us to the potential for compliance problems.



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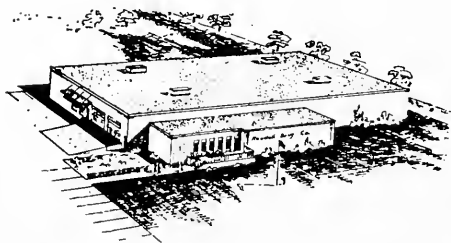
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Patients who have had a Prescription  
Dispensed and then did not take all of the Medication

	<i>US</i> <i>1978</i>
Have never failed to take all of the Medication	29%
Have failed to take all of the Medication	71
Recovered from condition	
Didn't need it	
Experienced Side Effects/Reactions	
Physician Instructed Patient to Discontinue	
	<u>100%</u>

This question was not included in the previous U. S. survey so no comparison can be drawn. Seventy-one percent of the respondents in the U. S. in 1978 reported that at some time, they had failed to use all of the medication prescribed for them. This finding gives some hint of the extent of the non-compliance problem in this country. The most frequent reasons given by people who had failed to take all of a prescribed medication were "recovered from condition" (59%) and "didn't need it" (25%). Only five percent of the patients said they discontinued a medication because their doctor told them to stop. Self termination of a therapeutic regimen can have serious consequences, especially when an infection or a chronic condition such as hypertension is being treated. The importance of the pharmacist in reinforcing each and every dosage regimen cannot be overemphasized. The professional opportunity here is apparent. The pharmacist is frequently the last member of the health team to talk to patients before they go home to take their medicine. In the lingo of traffic law you have the "last clear chance" to extend some influence on the patients' behavior.

Patients who have Left Prescriptions Unfilled

	<i>US</i> <i>1978</i>	<i>US</i> <i>1976</i>
Have never left Prescriptions unfilled	64%	68%
Have left Prescriptions unfilled	35	30
Didn't Need		
Cost		
Lost Prescription		
Can't Remember	$\frac{1}{100\%}$	$\frac{2}{100\%}$

Non-compliance can occur because the patient takes medicine improperly, or because the patient doesn't bother to have the prescription filled. In our survey we discovered that approximately one-third of the respondents had at some time neglected to get a prescription dispensed. This proportion has changed significantly from 1976 to 1978, with a larger segment of the population leaving prescriptions unfilled in 1978. Reasons given? The patient felt that the prescription was not needed, it cost too much, or the prescription was lost. This trend is not encouraging, in individual cases the results can be tragic.

Could there be a program developed by pharmacy or pharmacy and medicine directed to the patient regarding the great importance of having the prescription filled and taken. I believe it is an opportunity for pharmacists.

(Continued on Page 19)

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How Prescriptions are Paid  
UNITED STATES

	1978	1976
Privately	61%	71%
Company Insurance	21	14
Union Insurance	6	5
Medicaid	5	4
Other	7	6
	<u>100%</u>	<u>100%</u>

One reason given for having not gotten a prescription filled was "cost." Let's see, then, how prescriptions are paid for in the United States.

The proportion of the respondents who pay for prescriptions out of their private funds *decreased* between 1976 and 1978. This comes as no surprise with the trend toward more third party involvement in prescription drug reimbursement. Nearly 40% of the respondents in 1978 reported some kind of third party involvement in prescription reimbursement. This compares with nearly 30% just two years earlier.

On the basis of this data "cost" as a negative factor seems unsubstantiated. But what if we examine how prescriptions are paid for by income classification?

How Prescriptions are Paid  
UNITED STATES  
1978

	Total	Under \$7,500	\$7,500- \$15,000	\$15,000- \$25,000	\$25,000 & Over
Privately	61%	66%	66%	56%	57%
Company Insurance	21	8	12	27	32
Union Insurance	6	4	3	8	6
Medicaid	5	14	8	2	1
Other	7	8	11	7	4
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

The two lowest income categories had the highest proportion of respondents who paid their entire prescription drug expense out of their own pockets.

As a result, these lower income groups probably are most likely to be attracted to prescription drug sources which emphasize price at the expense of personal service and attention. Thus the segment that could benefit the most from pharmacist consultations because of their higher drug utilization and lack of education has the greatest economic incentive to use less personal drug sources, such as mail-order pharmacies. Remember, the less educated and lower income individuals are the least likely to ask questions regarding their medication from either pharmacist or physician. A strong effort by the pharmacist to communicate with these individuals might provide an incentive to patronize that pharmacy.

While we don't have data to show which income groups were likely to leave prescriptions unfilled because of cost pressures, our guess would be the lowest income groups because two or three of these folks are paying for their own prescriptions directly. Bear in mind, too, that these two income groups tend to be elderly—thus, the 14% medicaid figure for the lowest income category.

(Continued on Next Page)

This is the "age of inflation." Every professional pollster identifies inflation as public enemy number one for American citizens in every income bracket. To quote a March report of the Roper Organization: "The mood of America is not buoyant." This recent report shows that nine different categories of investments are down.

People are bewildered. OPEC raises crude prices 9 percent and pump prices for gasoline go up three cents per gallon. Only one person in four has a good understanding of why the dollar's value rises and falls. Few have any idea about what might be done to control inflation.

According to the Roper reports:

- Nearly three of four Americans are following closely which prices are going up and down, and by how much; and
- 63% of the American public is "most concerned" about inflation and high prices.

Another Roper finding also is of interest. In the past six months, 4 of 10 consumers had a problem with a product or service. But, few voiced their complaint. They simply stopped buying a particular brand or shopping at a particular store. This trend has now held up for two years. When people have a complaint they change their shopping habits—they'd rather switch than fight.

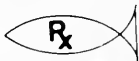
Inflation. It's exerting extreme pressure on all of us. Service prices are at an historic high. A couple of weeks ago I called a plumber to my house for a minor repair. His visit lasted seven minutes. He presented me with a bill for \$25. I told him that the best attorney in town charged \$50 an hour. "I know," the plumber said, "That's what I used to get when I was an attorney."

But, inflation is no laughing matter. It's affecting the basic consumption patterns of our country. Let's look now at a series of questions and slides that show how health services and health product consumption patterns have been modified by consumers themselves in their own war on inflation.

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Respondents who in Last Year Have Economized by not Seeing  
Their Doctor when they Wanted to

UNITED STATES

	1978				
	<i>Total</i>	<i>Under \$7,500</i>	<i>\$7,500- \$15,000</i>	<i>\$15,000- \$25,000</i>	<i>\$25,000 &amp; Over</i>
Have Had to Economize	21%	17%	26%	22%	21%
Have Not Economized	77	82	72	77	78
No Answer	2	1	2	1	1
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

The second lowest income category was the group where the greatest proportion of the respondents reported having to economize by not visiting their doctor. It is possible the lowest group had to economize less because their physician visits are covered by government aid programs; or they simply may not feel a need to visit their own physician very often.

It is very likely the people who do not visit their physician for consultation about a condition which would have involved a physician visit in the past will seek advice and/or an OTC medication for the condition from their pharmacist. When one considers that the people most likely to seek alternatives to visiting the physician are people from lower income families who tend to be less educated, the necessity of pharmacist consulting with the patient becomes more obvious. This puts increased responsibility on the pharmacist to communicate and to make the appropriate recommendations.

Most important reasons for having prescriptions dispensed at particular pharmacy

	<i>US 1978</i>	<i>US 1976</i>
Close to Home or Work	45%	46%
Price of Medicine	24	23
Reliable and Friendly Service	16	16
Other reasons	15	15
Convenient Store Hours		
Delivery Service		
Variety of Merchandise Available		
Parking Convenience		
Charge Account if Needed		
	<u>100%</u>	<u>100%</u>

In all of the surveys conducted to date, with the exception of Idaho, we have found that proximity to residence or work is the most frequently given reason for patronizing a particular pharmacy. This also was true in this most recent U. S. survey, with 45% of the respondents stating this as the principle reason. This second most frequent major patronage motive was price, followed by "reliable and friendly service." Other reasons, which are listed near the bottom of the exhibit, combined to account for 15% of the respondents. "Location of the pharmacy," is like "price" an economic consideration, and more so with our energy crisis. Again, the effect of inflation shines clearly through the data. At least, this is one way to interpret the respondents' answers.

(Continued on Page 23)

# HE LEFT TOWN OWING YOU MONEY.

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## Most important reasons for having prescriptions dispensed at particular pharmacy

## UNITED STATES

1978

	<i>Total</i>	<i>Under \$7,500</i>	<i>\$7,500- \$15,000</i>	<i>\$15,000- \$25,000</i>	<i>\$25,000 &amp; Over</i>
Close to Home or Work	45%	44%	45%	47%	48%
Price of Medication	24	26	24	25	24
Reliable and Friendly Service	16	12	18	15	14
Other Reasons	15	18	13	13	14
Delivery Service					
Short Wait for Prescriptions					
Variety of Merchandise Available					
Parking Convenience					
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

While the order of importance of patronage motives remained the same for all income groups, the relative importance varied slightly according to family income. A convenient location was relatively more important for higher income families than for lower income families, but the difference is not statistically significant. The motives listed under "other reasons" were relatively more important in the lowest income category.

## Services patients expect of pharmacists

	<i>US 1978</i>	<i>US 1976</i>
Keep record of prescriptions	93%	92%
Personally explain how to take medication	61	53
Fill Prescriptions in view	30	24
Fill prescriptions where can't be disturbed	81	—
Discuss prescriptions with MD before dispensing	48	37
Other services desired		
Free pick up and delivery		
Give generic names		
24-hour service		
Price listings		
Explain side effects		
Give cheapest product available		
Lower prices		

The first four services shown here were specifically mentioned by the interviewer. There was a substantial increase in the proportion of consumers who expected more personalized services such as the pharmacist explaining how to take the medication, or discussing prescriptions with the M.D. before dispensing. I am sure this is a figure (61%) you will want to take to your membership.

Nearly two-thirds of the respondents in 1978 expected the pharmacist to *personally* explain how to take the medication. This compares with just over 50% in 1976. Nearly one-half of the patients expected the pharmacist to discuss prescriptions with the M.D. before dispensing. Thus, checking with the doctor about any question the pharmacist may have will probably create an impression rather than make the pharmacist appear confused or incompetent.

It is difficult to interpret the responses of the 93% who stated they expected the pharmacist to keep records of prescriptions. This response may mean anything from simply maintaining a prescription file to maintaining a very detailed patient medication profile.

(Continued on Next Page)

The question about filling prescriptions where the pharmacist cannot be disturbed was not included in the 1976 survey, so we have no basis for a comparison. However, it appears that consumers expect a calm and controlled environment behind the prescription counter. Interruption of the pharmacist during the dispensing process does not inspire confidence on the part of the patient. (relate experience)

One service that we often hear mentioned is the availability of 24-hour service. First, we tried to find out what level of awareness of 24-hour service exists.

Occasion to talk with pharmacist last time had prescription dispensed		
	US 1978	US 1976
Yes	46%	45%
No	52	52
Can't remember	2	2
	<hr/> 100%	<hr/> 100%

Basically, there has been no change over the two-year period between studies in the proportion of patients who talked with the pharmacist the last time they had a prescription dispensed. Less than one-half of the patients did so. This is a rather sad commentary on patient/pharmacist communication. For those persons who reportedly spoke with the pharmacist the last time they had a prescription dispensed, approximately 48% of these patients said the conversations pertained to drugs.

Needless to say, there is a solid opportunity here for public and professional service.

Can talk to pharmacist whenever needed		
	US 1978	US 1976
Yes	94%	95%
No	6	5
	<hr/> 100%	<hr/> 100%

Although only 46% of the respondents spoke with the pharmacist the last time they had a prescription dispensed, 94% of the respondents believed they could speak with the pharmacist whenever they wanted to, thus, lack of pharmacist accessibility does not appear to have contributed to the lack of communication with the pharmacist. The lack of communication could be the result of the patient's minimal understanding of drug therapy. It is very possible the patients know so little about drug therapy that they do not know the questions to ask of the pharmacist. Thus, increased patient/pharmacist communication may depend on pharmacist initiated discussions.

Six percent of the patients believe they could not talk to the pharmacist if they wanted to. Just over half of these people said the pharmacist was always too busy to talk.

Ever asked pharmacist's advice about treating an injury or illness		
	US 1978	US 1976
Have asked advice	37%	34%
Never asked advice	63	65
Can't remember	—	1
	<hr/> 100%	<hr/> 100%

About the same proportion (37%) of patients had asked a pharmacist for advice on treating an injury or illness. This proportion had increased slightly from 1976.

(Continued on Next Page)

## Patients' view of pharmacist

	US 1978	US 1976
Professional Medical Person	78%	75%
Business Person	16	20
Friend	8	10

(Multiple Answers)

The way pharmacists were viewed by consumers has not changed significantly in the time between the two surveys. Approximately three out of four respondents viewed pharmacists as professional medical people. About one out of six thought of their pharmacist as a business person.

## Patients' view of pharmacist national sample 1978

	Total	Under \$7,500	\$7,500- \$15,000	\$15,000 \$25,000	\$25,000 & Over
Professional Medical Person	78%	81%	82%	73%	74%
Business Person	16	10	12	20	22
Friend	8	11	7	8	9

(Multiple Answers)

There was some variability in the way respondents viewed pharmacists when classified on the basis of family income. A larger proportion of the respondents from lower income families viewed the pharmacist as a professional medical person and/or a friend. A larger proportion of the respondents from upper income families viewed pharmacists as business people.

## Pharmacies as rated by patients classified by the patient's perception of pharmacists

## UNITED STATES

1978

Patients Perception of Pharmacist	Poor —————→ Best									
	1	2	3	4	5	6	7	8	9	10
Professional Medical Person		2%			4%	3%	8%	27%	20%	36%
Somebody in Business		4%			11%	4%	17%	34%	10%	20%
Like a Friend		—			1%	2%	4%	16%	19%	58%

The exhibit shows when the pharmacist is viewed as a professional medical person and/or a friend by the patient, the patient tends to evaluate pharmacies at a higher level than when the pharmacist is viewed as a business person. Only 30% of the people who viewed their pharmacist as a business person gave the pharmacy they patronize a 9 or 10 rating. This compares with 56% and 77% for the other two groups.

(Continued on Page 27)

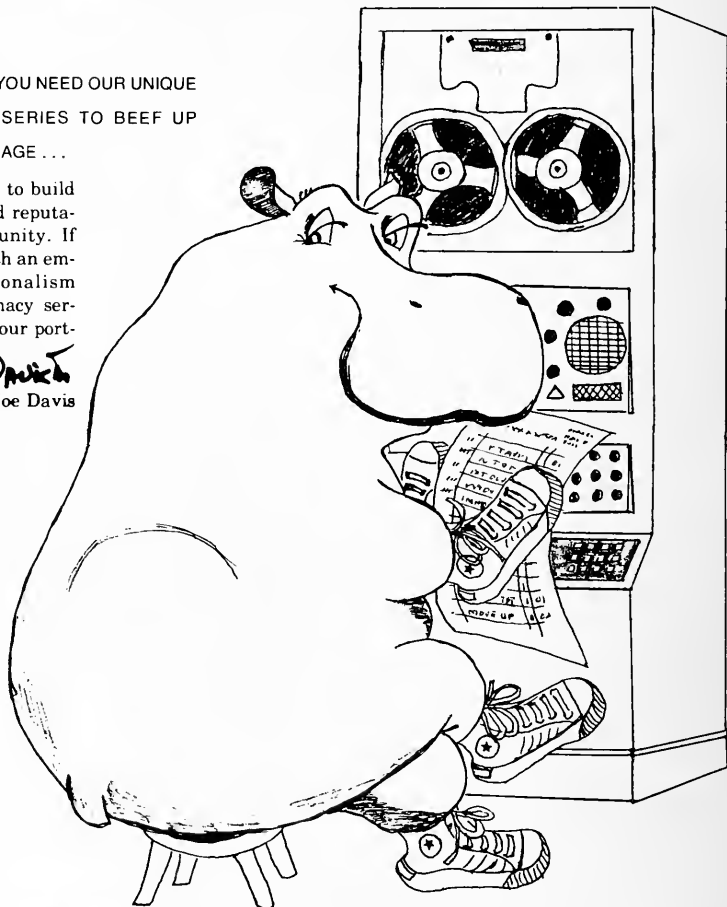
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The latter part of the survey shows some slippage in the image of pharmacy. A sociologist would undoubtedly have a field day with this data, but I cannot because I lack that training. But I have practiced pharmacy and I have been next to pharmacy one way or another for 30 years and from this viewpoint I can offer some observations.

People today are baffled by their circumstances. Life is better than ever before—by virtually any indicator—but it also seems much more tentative than ever before. When society attains this kind of mindset, it often enters a period of nostalgia—a longing for the “good old days.” Thus, the television gives us “fifties” revivals, and the Hollywood producers give us simple adventure films lacking any sophisticated messages.

Economically the country is trapped between pinch and boom. Per capita expenditures for just about everything are attaining record highs. But because of inflation the record spending is buying less for the consumer.

Because fewer goods can be purchased, people are expecting more and more service. This holds true for practically everything, including pharmaceutical products. The key to public acceptance for pharmacy is *service*. Pharmacists need to be visible, interested in their customers' problems, and willing to interact with these folks in order to help them.

In the actual practice of pharmacy there's not much that can be done about the location of a particular pharmacy. But there is a lot to be done in the quality and quantity of service to be provided.

Based on our survey, the worst thing that can occur in a pharmacy is for the patient to hand his script to a technician and have it returned with no communication passing between that patient and pharmacist. This is the message to take back to your own associations. Get involved. Let the customer know that you care and that you have the wherewithal to help him. Pharmacists are highly trained, highly capable of providing important customer services; but unless they are willing to get involved, their image is likely to continue slipping.

I don't want to mislead you. The image of pharmacy is *not* tarnished; it is *not* in deep trouble. But there are indicators that it could be slipping. As such, the old saw of an ounce of prevention outstripping a pound of cure applies.

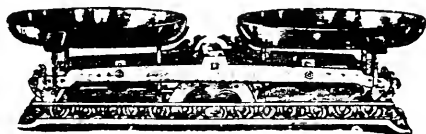
The caution here is that many will say this is part of a cycle—a kind of predestination outside the control of pharmacy. All institutions and professions are slipping image-wise. Nothing can be done.

I am reminded of the story of the confederate army chaplain who served Stonewall Jackson. This cleric repeatedly told the troops to not worry about their fate on the battlefield because if they were predestined to be killed, a bullet would find its mark, no matter where they were; on the other hand, if their destiny was to be spared, no bullet could hit them no matter where they stood.

One day—in the heat of a pitched battle—with miniballs flying everywhere, the same preacher was seen hotfooting it toward the cover of the nearest and largest tree in the forest. A soldier, who was behind him, asked: “Reverend, you told us all about predestination. Why should you be seeking shelter behind a tree?”

“You do not fully understand the principles and theories of predestination,” the preacher replied. “I was predestined to get behind this tree.”

I don't think a drop in the image of pharmacists and pharmacies is predestined. Your leadership, however, is essential to forestalling what appears at this time to be the suggestion of a trend.



## PHARMACY DISASTERS MAJOR AND MINOR

### FARMVILLE

Two local men were arrested and charged with breaking and entering, and larceny from Revco Drug Store, Monday March 3rd. The two men set off a store alarm when they entered about 3:30 a.m., and were arrested a short time later.

### RALEIGH

W. H. King Drug Co. warehouse was broken into Thursday, February 28th, and 200 bottles of Valium were taken. The drugs have a value of \$14,000. An attempt to open the vault containing other drugs was not successful.

### TRINITY

A Randolph County man has been charged with eight counts of obtaining drugs by fraud from Baptist Hospital. The Trinity man is charged with using a dead woman's prescription to get 840 tablets of Dilaudid, between February and April, 1979.

### PLYMOUTH

Roanoke Pharmacy was broken into in late October. Two watches were taken, but nothing else was reported missing.

### HICKORY

An undetermined quantity of drugs was taken from the Viewmont Pharmacy, Monday, January 21. The thieves entered the store by forcing a window latch with a crow bar. The safe was tampered with but was not opened.

### ASHEVILLE

An armed robber netted an undisclosed amount of cash from the Montford Pharmacy, January 21. The man threatened a woman clerk at knife point and demanded cash.

### RALEIGH

Kerr Drug was the scene of an armed robbery, in late November. A man wearing a ski

mask entered the store and robbed the cashier.

### ZEBULON

Vinson's Pharmacy was broken into Thursday, February 7, by burglars who cut a hole in the top of the building. The burglar fled after an alarm sounded. No drugs were reported missing.

### ASHEBORO

Drugs, merchandise and money, totaling about \$2,500, were reported missing when a break-in was discovered at Asheboro Drug Company in late November. The thief entered the building through an opening in the attic and disconnected an alarm system. Drugs, cash, razors and 72 Timex watches were among the items listed as missing.

### FAYETTEVILLE

A bandit armed with a small pistol robbed Revco Drug Store of the Store's supply of Dilaudid, Tuesday, February 19.

### HICKORY

Drugs valued at \$2,000 were stolen from the Medicine Chest late Tuesday, January 8, after the thieves cut the telephone lines to knock out the alarm system. The thieves broke the drive-in window with a rock and entered the building. Also missing were office equipment, hunting knives and money.

### SMITHFIELD

Two men escaped after a winding chase through Smithfield following a break-in of Medical Center Pharmacy, Tuesday night, January 8. Smithfield police said the sound of breaking glass attracted three men from the hospital who saw the burglars leaving the store. One of the men went to call the police, another stood watch at the store while the third gave chase. The front window of the pharmacy was broken, and an undetermined quantity of drugs was stolen.



NARD Legislative Conference. Washington, D. C. March 3-5, 1980. Left to Right: Al Mebane; Representative Charlie Whitley; Mr. and Mrs. Shelton Brown.



NARD Legislative Conference. Left to Right: Joe Miller, President, NCPHA; Al Mebane; Representative Steve Neal; and Ernest Rabil.

## JOB SATISFACTION AMONG HOSPITAL PHARMACY TECHNICIANS REPORTED IN MARCH JOURNAL

Some revealing statistics on job satisfaction, job function and work attitudes of hospital pharmacy technicians are reported in the March 1980 issue of the *American Journal of Hospital Pharmacy*.

A North Carolina-based study, conducted by questionnaire sent to hospital pharmacy technicians and directors of pharmacy at 83 hospitals, reveals that technicians generally are dissatisfied most with their salary and promotional outlook. Higher job satisfaction was reported by technicians who worked in smaller hospitals, performed a wider variety of tasks or who were over 35 years of age.

Generally, hospital pharmacy technicians were satisfied most with their supervisors and coworkers, least satisfied with their salaries

and promotional opportunities and neutral about their work.

The major findings of the study revealed:

- 67 percent of the technicians said they could "barely live on (their) income" and received "less pay than (deserved)."
- 74 percent of the technicians disagreed there are "good opportunities for promotion" in their work.
- 53 percent of the technicians described their jobs as "dead end."

On a more positive side, more than 80 percent of the technicians strongly agreed their jobs were highly important to the pharmacy department, and more than 77 percent agreed



John and Margaret McNeill of Whiteville, who recently retired as Boy and Girl Scoutmasters after more than 20 years in Scouting. Their four sons all made Eagle Scout; Mary, a UNC Pharmacy Senior, is a Senior Girl Scout, and Jane is still active as a Cadet.

Left to right;

James C. McNeill, Eagle Scout. Now at Louisburg College.

John A. McNeill, Jr. "Sandy," Eagle Scout, Registered Pharmacist.

Mary M. McNeill, Senior Girl Scout, Senior UNC School of Pharmacy.

John A. McNeill, Sr. Scoutmaster, Registered Pharmacist.

Margaret P. McNeill, Girl Scoutmaster.

Jane P. McNeill, Cadet Girl Scout.

George R. McNeill, Eagle Scout, Elon College.

Ronald B. McNeill, Eagle Scout, Chemical Engineer.

Mary's Brother, Father, Grandfather, and Great Grandfather were Registered Pharmacists.

they were making a positive contribution to better patient care.

Questions regarding training, education and licensure also produced interesting results. More than 68 percent of the technicians surveyed said that a series of pharmacy education and training sessions was beneficial; 42 percent strongly agreed and 24 percent slightly agreed they would benefit if they were licensed or registered. A total of 33 percent strongly agreed and 30 percent slightly agreed they would benefit if an Associate Arts (AA) degree were required for technicians.

Only 37.7 percent of the technicians surveyed strongly agreed they were adequately trained for their job.

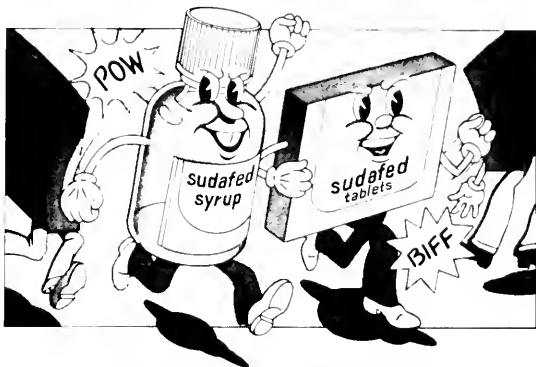
Among the most frequent job functions performed by technicians were taking medications from the shelves (89.5 percent); answering the pharmacy's telephone (87.5 percent); typing prescription labels (85.3 percent), and counting and pouring medications (79.6 percent). The number of job functions performed by technicians in small hospitals and in hospitals with fewer technicians was significantly higher than those handled by their counterparts in larger hospitals.

Generally, the survey also showed that directors of pharmacy judged technicians attitudes toward their work to be slightly higher than the technicians did.

The article "Job satisfaction of hospital pharmacy technicians in North Carolina" was authored by Middleton J. Coburn, Major USAF, Director of Pharmacy, USAF Academy Hospital, U. S. Air Force Academy, CO; Jean Paul Gagnon, Ph.D., Professor, Department of Pharmacy Administration, University of North Carolina School of Pharmacy, Chapel Hill, NC; and Frederick M. Eckel, M.S., Professor, Department of Pharmacy Practice, University of North Carolina School of Pharmacy.

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## LOCAL NEWS

### CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, March 11, at 11 a.m. for its annual Fund Day and brunch at the Sharon South Condominium Club house, Regent Park Lane. Mrs. Mary Lou Davis, president presided. Speaker for the event was Mrs. Sarah Ann Sasser from Smithfield, the Woman's Auxiliary state president. She discussed the group's state activities. Members and guests exchanged kitchen gadgets and favorite recipes.

### SHELBY

Charles Rhoden, Jr. has been elected Chairman of the Cleveland County Board of Health, effective January 23.

### GOLDSBORO

Henry L. "Hank" Stewart has been elected president of the Wayne County Pharmaceutical Society, at a meeting in the Goldsboro Country Club. Stewart has been associated with the Pikeville Drug Store since graduation.

### EDEN

James Burson opened The Medicine Shop in late January in Eden. Burson, a graduate of Auburn University, has been employed by the Mann Drugstore Chain.

### NOTICE TO NORTH CAROLINA REXALL CLUB MEMBERS

The North Carolina Rexall Club wishes to make a gift of stock to the North Carolina Pharmaceutical Association, a charitable institution, to establish a loan fund to aid needy pharmaceutical students at the University of North Carolina at Chapel Hill in honor of Mr. James E. Evans, deceased, and the North Carolina Rexall Club. Mr. Evans, formerly of Marion, North Carolina, and former owner of Evans Rexall Drug Store, was one of the founders of the club and it was solely through his efforts that the club was able to accumulate stock in several corporations. The purpose of this notice is to attempt to locate all former members of the club in order that they may be fully apprised of the intended action and given the opportunity to register objec-

tions, if any.

THEREFORE, TAKE NOTICE that the North Carolina Rexall Club will on or about May 1, 1980, through its properly elected officers, transfer to the North Carolina Pharmaceutical Association corporate stock owned by the club as a gift and for the purpose of establishing at the University of North Carolina at Chapel Hill a loan fund for needy pharmaceutical students in honor of Mr. James E. Evans, deceased, and the North Carolina Rexall Club.

Any objections should be registered with Mr. Hal Cornwell, Economy Rexall Drugs, Post Office Drawer 775, Lincolnton, North Carolina 28092, or with Mr. Jesse Pike, 136 Beverly Drive, N.E., Concord, North Carolina 28025, on or before May 1, 1980.

Dr. Tom S. Miya, Dean of the University of North Carolina School of Pharmacy, was speaker for the regular bi-monthly meeting of the Harnett County Pharmaceutical Association on March 31, 1980. The pharmacists met at Heath's Steak House in Dunn, and the meeting was called to order by Neil McPhail, president of the organization. There was a brief business session, at which time Caul Jernigan presented the slate of nominations for new officers, which was accepted by acclamation. Officers for the new year are as follows:

Herman Lynch—President  
Bill Randall—Vice-President  
Larry Thomas—Program Chairman  
Edith Ann Caviness—Secretary & Treasurer

Larry Thomas announced that the next meeting would be on Memorial Day at Howard Johnsons Restaurant in Dunn.

The pharmacists enjoyed the talk by Dean Miya, telling of recent happenings in the School of Pharmacy. The Dean was accompanied to Dunn by Claude Paoloni, a member of the Pharmacy School Faculty.

Those attending the meeting were I. J. Pruette from Angier, Bill Lanier from Erwin, Jan Wilson from Buies Creek, Herman Lynch, Ernestine Lynch, Caul Jernigan, J. I. Thomas, Larry Thomas, and Herman Medlin of Dunn, & Neil McPhail, Fleming Lovette, Bill Randall, and Edith Ann Caviness from Lillington.

Reported by  
Edith Ann Caviness

## **VENDOR GUIDE NOW AVAILABLE**

"The Assessment of Vendors of Multisource Drug Products by the Pharmacist," a multi-source drug product selection manual, is now available from the NCPHA.

Written by Robert W. Ritter, Fred M. Eckel, James L. Olsen, and Lawrence J. Hak, the guide is published by the North Carolina Pharmaceutical Research Foundation. It includes a pharmaceutical vendor information request form and a manual which aids in evaluating the response to the questionnaire.

The 44 page booklet is available without charge from the North Carolina Pharmaceutical Research Foundation or the North Carolina Pharmaceutical Association.

## **STOLEN RX BLANKS**

Prescription blanks from Duke University Medical Center, printed for Dr. Ronald Riefkohl, a plastic surgeon, are reported stolen, and at least one forged prescription has been spotted. Pharmacists are urged to be alert for these blanks.

## **STOLEN BLANKS**

Prescription blanks are reported stolen from Dr. Carey W. McKain, a surgical resident at Duke Medical Center. Attempted forgeries on these blanks have appeared.

**"THERE IS NO SUCH THING AS A STANDARD HUMAN BEING,  
NEITHER IS THERE A STANDARD PHARMACY"**



If you are considering a new store, remodeling or just adding a fixture or two, contact Warren Spear. Using proven analytical programs, Warren can help you evaluate your location, layout and profit mix. He can then help you to translate your needs into a pharmacy which reflects the true personality of your operation.

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## WARREN SPEAR A DIFFERENT KIND OF PHARMACIST

A graduate of the Massachusetts College of Pharmacy, Warren Spear has practiced in hospital pharmacy, owned and managed two retail pharmacies, was a drug detail man, a hospital consultant and a product designer for equipment manufacturers. It was in this latter position where Warren found his special areas of expertise.

The proper design of equipment demands in-depth knowledge of the use of that equipment. That is why Market Forge Company of Everett, Massachusetts sought out Warren when they wanted to market a medication cart for hospitals. Serving as a consultant and later as product manager, he developed a cart which is now the largest selling in the country. In the process he was awarded two U. S. patents for unique innovations in medication security, a cart locking device and a cassette locking device. He went on to develop a line of hospital pharmacy furniture for Market Forge which is now in use in hospitals across the country.

In 1977, Kewaunee Scientific Equipment Corporation brought Warren and his family to Statesville, North Carolina, the firm's corporate headquarters. They wanted a new line of furniture which would be in tune with the needs of pharmacy. He not only developed a line of furniture to be manufactured in North Carolina but he also made significant ad-

vances in the use of furniture in space utilization. Developing a facilities design program was needed for the proper use of the furniture and equipment. Over the past seven years Warren has designed literally hundreds of pharmacies across the country. He has been a speaker on facilities design to both community and hospital pharmacists in universities and at professional meetings. Most recently he spoke at the A.S.H.P. Midyear Clinical Meeting in Las Vegas and to graduate students at U.N.C. Chapel Hill.

On completion of his development work with Kewaunee in Statesville, Warren was faced with a dilemma. To continue to work in the corporate world would mean moving out of North Carolina. Having travelled extensively, Warren and his wife Gay decided that the best place in the entire country to live and bring up their daughter Heather was right here in North Carolina. On January 15th Warren resigned his position at Kewaunee and founded his own firm to design and equip hospital and community pharmacies in the Carolinas.

Warren's defection from the corporate world of product development is a loss for industry but a gain for the practice of pharmacy in the Carolinas. We welcome Warren Spear, a different kind of pharmacist.

## TO THE PHARMACISTS OF NORTH CAROLINA

The Mercury Athletic Club of High Point has created a Joe Bland Scholarship Fund that has already exceeded Two Thousand Five Hundred Dollars. The goal of the Club is to raise Forty Thousand Dollars to be placed in an endowment fund in Joe's name.

The funds are to be disbursed in increments of Five Hundred Dollars per semester to a recipient deemed deserving, who is attending the University of North Carolina School of Pharmacy. The selection of the recipient (or recipients) will be done in concert with the University of North Carolina School of Pharmacy and a committee approved by the Mercury Athletic Club. It is hoped that beginning with the 1980-81 school year, the scholarship fund will pay out a total of One Thousand dollars to a deserving student. Thereafter, the

fund will increase its awards until four one thousand awards per school year are made. This will be dependent on how quickly the goal of forty thousand dollars is reached.

Anyone wishing to make a tax-deductible contribution may do so by forwarding a check made payable to:

Joe Bland Scholarship Fund  
P. O. Box 223  
High Point, NC 27261

The final details concerning date of distribution, requirements for a recipient, and so forth will be worked out between the University and the Mercury Athletic Club.

Sincerely yours,  
R. Tony Hill, President  
Mercury Athletic Club

SCHOOL OF PHARMACY  
UNIVERSITY OF  
NORTH CAROLINA  
AT  
CHAPEL HILL

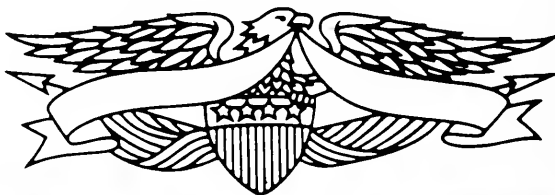
Carolyn Clayton, Editor

# Script

## DEAN'S MESSAGE

On March 1 Dr. Christopher C. Fordham, III took over the helm at The University of North Carolina at Chapel Hill. It is significant that he comes to this post from the vice chancellorship of the Division of Health Affairs. It is also significant that his background has roots in pharmacy.

My personal decision to leave Hoosier-land after almost thirty years for Tarheel country was a most difficult one. My interview with then Dean of the School of Medicine, Dr. Fordham, was a large contributing factor to my decision. During the last few years my personal relationship as well as the relationship of the School with Dr. Fordham, both as Dean of the School of Medicine and Vice Chancellor of the Division of Health Affairs, have corroborated my conviction that here is an unusual man with sensitivity, objectivity, and vision. Dr. Fordham's selection as Chancellor augers well for the future development of this University in the difficult decade ahead.



Dean Tom S. Miya

## SEMIENIUK RETIRES

Dr. FRED T. SEMIENIUK, Professor, Medicinal Chemistry, is retiring at the end of the current academic year after 33 years of teaching pharmaceutical chemistry and related courses at the School of Pharmacy.

A native of Edmonton, Canada, he obtained his undergraduate degree from the University of Alberta in 1939 and practiced in a community pharmacy the next two years. He then returned to college to pursue graduate studies at Purdue University; this was interrupted to gain a year of teaching experience at the University of Wisconsin. He was awarded his Ph.D. in pharmaceutical chemistry in 1947 at which time he started his long career at the University of North Carolina.

In the early 50's, he taught *Materia Medica* 68 and 69, which was a discussion of all drugs in *The Official Compendia* "from A to Z, also to zingiber" says Dr. George Cocolas, Division Head. From that course has evolved the current *Med Chem* 68 and 69, taught by the Medicinal Chemistry staff.

For almost twenty years, Dr. Semieniuk taught the pharmaceutical organic chemistry course. During his most recent 5 years, he has taught the drug assay course. Currently, Semieniuk is working on the committee to revise the drug assay course for the contemporary pharmacist. Those courses, coupled with his long years as advisor to Kappa Psi fraternity, make it almost impossible for a student during the past 33 years to have graduated without knowing or being taught by Dr. Semieniuk.

Dr. Semieniuk and his family are very fond of Chapel Hill and plan to continue their residency in the community. His wife, Joyce, is a registered nurse in the Emergency Room at North Carolina Memorial Hospital; his son, Gordon, attends UNC-CH majoring in Political Science; and his daughter, Mary, is a student at Chapel Hill High School.

## PUBLICATIONS

DRS. L. J. LOEFFLER and I. H. HALL, Division of Medicinal Chemistry, co-authored "Antitumor Agents: Diazomethyl Ketone and Chloromethyl Ketone Analogues Prepared from N-Tosyl Amino Acids," which appeared in the *Journal of Medicinal Chemistry*, March, 1980.



Dr. Fred T. Semieniuk

DRS. I. H. HALL and K. H. LEE, Division of Medicinal Chemistry, are co-authors of "Antitumor Agents XLI: Effects of Eupaformosinin on Nucleic Acid, Protein and Anaerobic and Aerobic Glycolytic Metabolism of Ehrlich Ascites Cells," which appeared in the *Journal of Pharmaceutical Sciences*, March 1980.

DR. RAYMOND JANG, Associate Professor, Division of Pharmacy Administration, authored "General Purpose of Research Designs," which appeared in the *American Journal of Hospital Pharmacy*, March, 1980.

LEONARD BERLOW, Assistant Professor, Division of Pharmacy Administration, authored "Physician Dispensing of Prescription Drugs: What Does the Future Hold?" which appeared in the March, 1980 issue of *Medical Marketing & Media*.



## PHARMACY LEADERSHIP ORGANIZATION TO SEEK NEW MEMBERS

Phi Lambda Sigma, the Pharmacy Leadership Society, is currently in the process of electing new officers. Soon, nominations for new members will be solicited. Phi Lambda Sigma recognizes those pharmacy students who have demonstrated leadership, dedication and service within the field of pharmacy. In addition, it seeks to promote such qualities in all students. Sponsorship of appropriate student projects is also considered.

The society was founded at Auburn University in 1975 by pharmacy students and faculty who recognized a need for such an honorary organization. Presently, there are chapters on six university campuses. The Epsilon Chapter at UNC received its charter in 1976. Selection for membership is based on nominations submitted by pharmacy faculty, student organizations, and students themselves. Students may submit their own names for consideration. If interested in membership, nominees must then complete an application to be reviewed by a selection committee. All approved applications are then voted on by the entire organization, with two-thirds of a quorum needed for selection.

The Epsilon Chapter currently consists of thirteen active undergraduate student members. Those currently in Chapel Hill are Jan Lassiter, Randy Ball, Stephanie Crawford, Eula Mae Daniel and Keith Hatch; those on pharmacy rotation are Ray Burke (current Treasurer), Charla Smith (current President), Kathleen Cahill, Stephanie Durham, Elena Holak, Gail Molic, Georganne Sebastian, and Mary Sherrill. There are also five graduate students and thirteen faculty members. The present faculty advisory is Dr. Larry J. Loeffler; however, a new advisor will be chosen shortly.

Additional information regarding the selection of new members will be distributed in the near future. An initiation ceremony will be held in early April.

## WITH THE DEAN

Dean Tom Miya was in Tucson Arizona on January 23-25, to chair the Society of Toxicology Council Meeting as president of the

## DRUG INFORMATION REPORTS

This month we are departing from our usual format to say thanks to the student body for the tremendous effort expended during Poison Prevention Week. Their cause was a worthy one. Almost 100 children less than 5 years old die annually in the U. S. from accidental ingestion of solid and liquid substances. If one additionally considers the morbidity associated with accidental poisoning, a strong case for poison prevention programs can be easily made.

Poison prevention should not be a one-week promotion but an awareness which pharmacists should provide every day in their practice. It takes only a moment to remind your pregnant patients to start "childproofing" their homes. Children at day care centers and elementary schools make captive audiences for short presentations as do church groups and PTA meetings. The possibilities are endless.

Audiovisuals, brochures? In many cases a supply of these educational materials are available free or at nominal cost. For a complete catalogue of what is available, just write to:

Food and Drug Administration  
Bureau of Drugs  
Division of Poison Control  
5600 Fisher Lane, Room 1345  
Rockville, Maryland 20857

Society. While there, he visited the University of Arizona School of Pharmacy and particularly the poison and drug information center.

On January 30-February 1, Dean Miya participated in the evaluation of the University of Tennessee toxicology graduate program, by invitation from their Graduate School. While in Memphis, he also visited the University of Tennessee School of Pharmacy's poison and drug information center.

Currently, Dean Miya is serving an additional year beyond his normal tenure as chairman of the Toxicology Information Committee of the National Academy of Science.

## POISON PREVENTION WEEK

This year an estimated 89,000 children under age 5 will swallow or inhale poisons—and nearly 100 of these will die as a result of accidental home poisoning.

The Student Committee for National Poison Prevention Week (March 16-22, 1980) planned and implemented a statewide project aimed toward increased public education on this problem. SUSAN HIGGINS and GLENDA HARBIN (4/5's) served as co-directors. They, and their 18-member committee enlisted the aid of more than 200 pharmacy students during the two-month campaign.

The committee's main areas of education were: what a poison is, how "to poison proof" the home, and what to do in case of a poisoning. These points were emphasized by students visiting pharmacists in 86 counties over Spring Break and encouraging them to display their student-designed posters and

brochures and other poison prevention literature. They also asked that the pharmacists promote poison information in their community whenever possible.

Other areas of emphasis were stories carried by the Associated Press and United Press International news networks in North Carolina, and radio and television public service announcements which were transmitted into all 100 counties and many surrounding states as well.

These multi-channeled student efforts culminated in increased public education on poisonings and increased awareness that the pharmacist is a concerned health professional who is a well-informed source of poison information. It is estimated that at least 1.3 million North Carolinians received poison prevention information as a result of this project.

The committee sincerely hopes that the number of poisonings has been reduced in North Carolina and that effective management of poisonings has been increased by the promotion.



Mike Brown, Radio station WCHL is interviewing Co-Directors Susan Higgins and Glenda Harbin about the Poison Prevention Week plans of the students. (photo by Linda Dail)

## CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514.

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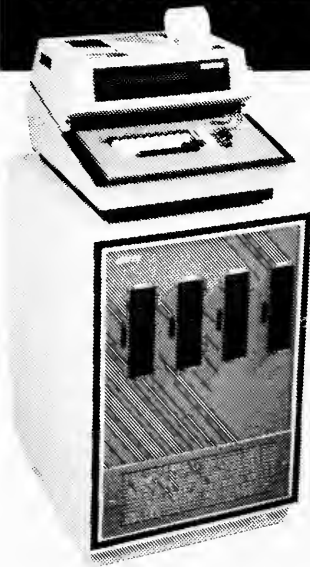
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# THE CAROLINA JOURNAL of PHARMACY

NUMBER 5

VOLUME 60

MAY 1980



Susan L. Speir, a third year UNC School of Pharmacy student from Raleigh, receives the 1980 Ralph Peele Rogers, Sr. Pharmacy Administration Award. The presentation was made by Ralph P. Rogers, Jr., of Durham, in ceremonies at the Carolina Inn, Chapel Hill. Details on page 41. Photo by Colorcraft.

1921  
1923  
1924  
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1933  
1937  
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1950  
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1954  
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1972  
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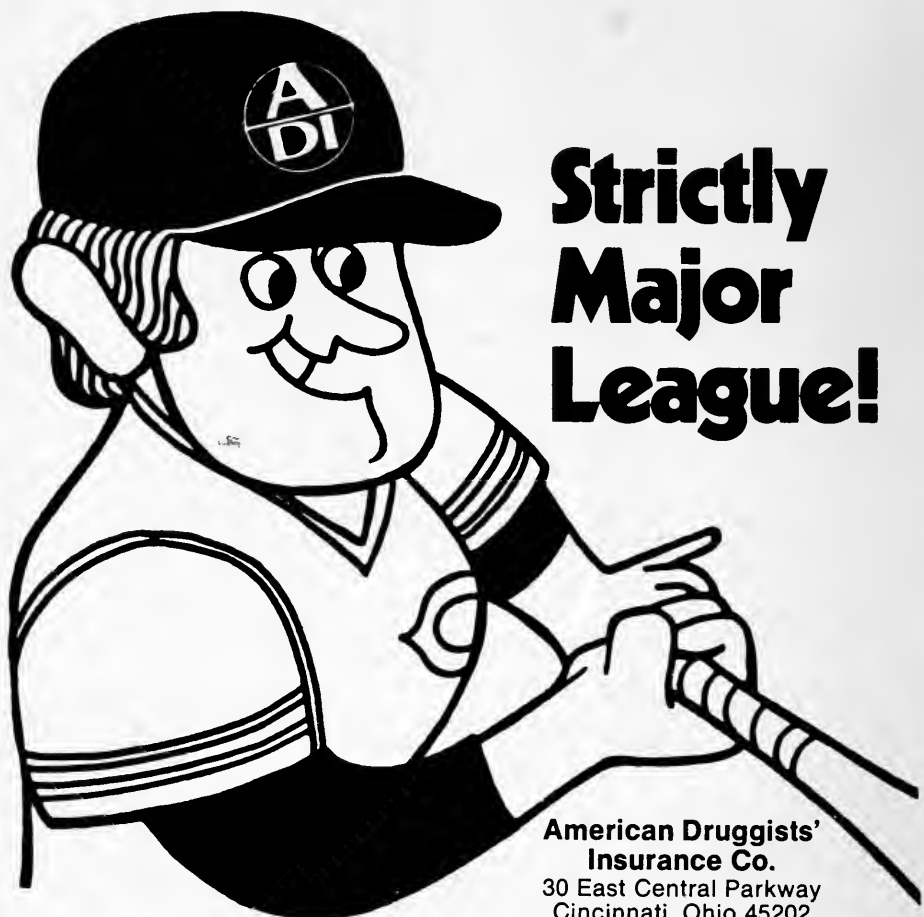
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# THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

MAY 1980

VOLUME 60

NUMBER 5

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Jack G. Watts

## FROM THE PRESIDENT

In my message each month I will attempt to bring to you some of the problems and challenges of our association.

We have a very strong association now and with the help of each member we can become even stronger. How and Why?

How. I want to challenge each member to take it upon yourself to bring in at least one new member before December 1, 1980. This will be published in the journal each month. I can assure you I'll get my new member—Will you?

Why! The North Carolina Pharmaceutical Association ranks at the very top nationally. It should stay there. The association is the means we have to keep tabs on legislation that will effect our profession as pharmacists. As individuals, we can speak with our senators and representatives on a one-to-one basis and express our views. It takes this—but it is also very effective when we appear before these law makers (on a state and federal level) and say we represent the North Carolina Pharmaceutical Association. It would be very misleading not to tell you that

all this takes dollars and dollars make up the bottom line in many things we do as an association.

I have given you the How and Why—now, will you help? Let me see your name in the Journal as having secured a new member.

Jack G. Watts, President  
North Carolina  
Pharmaceutical Association

## TO THE EDITOR

Dear. Mr. Mebane:

I was shocked when I read an article written by William T. Sawyer "Lie Detector Testing" in your February-March issue.

Item—"Polygraph testing is valuable in its ability to intimidate applicants and employees alike, producing a subservient attitude which is beneficial to management."

Item—"Archaic and ridiculously ineffective so-called 'honor system.'"

Item—"Incidentally to detect other behavioral deviations

Item—A person's privacy is unimportant

Item—Individual freedoms must, by necessity, take a back seat to the maintenance of business profits"

Item—Those who take test are "unconcerned with insignificant matters such as individual freedoms."

Item—"Given the general lack of independence of thought and action among practitioners and their increasing concern with the more important things of life such as salary and job security."

Item—"Of course, the polygraph should not even be considered for the more antiquated and unenlightened professions such as medicine and dentistry, since it would be impossible to coerce practitioners in these disciplines to accept this practice."

"My God"—I also noted that the gentleman (?) who wrote this is an Assistant Professor at UNC. I would hope that Mr. Mebane did not give this article to our pharmacy faculty for pre-printing review.

J. T. Moore  
2705 Highland Avenue  
Durham, NC. 27704

## A CENTURY OF AMERICAN PHARMACY

**A contribution of the AMERICAN INSTITUTE OF THE HISTORY OF PHARMACY in commemoration of the centennial of the NORTH CAROLINA PHARMACEUTICAL ASSOCIATION.**

Pharmacy in the United States developed within the constantly changing pattern of American history and American culture; it did not develop *in vacuo*. The formation of the North Carolina Pharmaceutical Association, for example, was an indication of the growing complexity, if not maturation, in American life that made the ante-bellum Jacksonian democratic notions no longer viable. In the 1870's and 1880's little groups of pharmacists, now rejecting the proposition that it was the "privilege" of "men to dose themselves with medicines at the hands of ignorant and unskilled persons," were able to convince state legislatures that it was no longer tenable, as it had been twenty-five years earlier, that in a "Republican Government like ours every man had the right . . . to follow whatever occupation or profession [is] most congenial to his feelings." Licensing laws in medicine and dentistry, as well as in pharmacy, became as common in the late nineteenth century as they had been scarce before the Civil War. Similarly, the constant struggle of pharmacy to protect both its art and its financial well-being reflected the impact of rapid urbanization and industrialization, big business, and national advertising on the American economy and society.

At the end of the Civil War pharmacy found itself undergoing a metamorphosis. The pharmacist was still making up his own elixirs and tinctures, he (or his clerk) spread plasters, he ground crude drugs, he made his extracts and percolates, he made his pills and powders, and, of course, he compounded *secundum artem* the prescriptions brought into his shop.

As well, the drug department of his shop carried herbs and roots which he sold, in their crude state, to his patrons. It also contained a collection of nostrums like seneca oil, oil of tar, and bear oil, and more significantly, an increasingly extensive array of proprietary remedies.

The last was to be particularly significant, for these, and the new chemical substances finding their way into the prescription department, meant that the pharmacist was increasingly finding himself handling products that others had made.

The growing industrial complex, able to surpass the pharmacist at his own art, and threatening, especially through the proprietary process, to denigrate his importance, was but one of the forces at work changing the patterns of pharmacy. Another, and one perhaps by its nature more noticeable and immediate, was the increasing competition from untrained sellers of drugs, who, in the absence of restraints of any kind, threatened both the economic interests of pharmacy and the public well-being. The last was at the expense of the reputation of pharmacy and entailed not only public criticism but even more significantly the antagonism of the medical profession. The only response to this situation was organization and legislation, and since under the American constitutional system the state was the proper level of government at which to seek reform and redress, it behooved American pharmacy to seek to organize state associations.

Thus, in 1868-1869, the American Pharmaceutical Association, and particularly its Secretary, John M. Maisch, took up the task of sponsoring and supporting state legislation, and as an essential prerequisite for it, the creation of state associations. For the most part, the sudden flowering of state pharmaceutical associations—they were called, in 1884, the "children of the American Pharmaceutical Association"—was the culmination of this effort. (By 1879, 19 states had organized state associations; North Carolina was one of five more to do so in 1880; by the end of the century a total of 46 states and territories had pharmaceutical associations.)

The North Carolina Association, however, was not one of these "children." Like the New Jersey and Mississippi Associations, the decisive impulse came from another source: pressure from physicians. When the "Druggists of Wilson" issued their call for the formation of a state association on May 17, 1880, they wished to circumvent legislation proposed by the North Carolina Medical Society that would have placed the licensing of pharmacists in the hands of the State Board of Medical Examiners.

*(Continued on Page 7)*

# Your counter-side manner counts.

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The last 100 years have therefore been a time of *organized* pharmacy in the United States. Through organization pharmacy has sought three general goals: the improvement of the scientific and professional status of pharmacy, the protection of the economic interests of pharmacy, and the restriction of the practice of pharmacy to qualified practitioners.

## State Boards of Pharmacy

There is a very evident relationship between the establishment of state pharmaceutical associations and the enactment of pharmacy laws requiring the examination and licensing of pharmacists. Yet it was not always easy to convince state legislators of the desirability of establishing state boards of pharmacy and placing restrictions on who might practice pharmacy. In North Carolina, however, the law establishing the state board of pharmacy was passed in just a year following the establishment of the state association. Sometimes the legislation contained provisions displeasing to the pharmacists, as that which exempted physicians from the licensing requirements, in North Carolina and in Pennsylvania, to give two examples.

The legislation which was placed on the statute books of the states and territories in the last three decades of the nineteenth century was guided by a model law drafted primarily by Maisch. Later, early in this century, the American Pharmaceutical Association suggested a revised model law (the work of James H. Beal). This legislation established the basic principle that pharmacy should be self-regulating: the state boards of pharmacy were to be comprised of pharmacists, usually nominated to the governors by the state associations. Only in very recent years has this principle been challenged; state boards of pharmacy are no longer completely independent of the law enforcement agencies of the state governments and there is increasing pressure to place non-professionals on the boards.

In any case, the legislation has placed control of examination, licensing, and registration of pharmacists and pharmacies in the hands of the boards. Legislation at the same time set educational and experience requirements; established rules for the dispensing of poisons (such regulations were already in existence in some states before the boards were created; in North Carolina the requirement of the keeping of a poison register was incorporated in the same pharmacy act that created the board in 1881), and later for the dispensing of narcotic, barbiturate, and dangerous drugs; prescribed the sale of adulterated drugs; and wrote certain ethical standards into law, such as the prescription of substitution. In short, pharmacy became a regulated profession, hardly as controlled as on the European continent, but nevertheless no longer existing under a complete system of free enterprise. Moreover, the self-policing powers of the state boards—they were given powers of inspection and of discipline, and even revocation of license—were premised on the responsibility of pharmacy to the public; pharmacy was a health profession.

## The Education of the Pharmacist

It was of course inevitable that along with the restriction of the practice of pharmacy to trained practitioners, the quality of that training also be improved. Apprenticeship had been the time-honored process of pharmaceutical education and the first American statutes usually gave credit toward the apprenticeship requirements for the time spent in a college of pharmacy. This began to change early in the twentieth century and "prerequisite laws," that is laws requiring graduation from a college of pharmacy before an applicant could be eligible for examination, appeared on the statute books. Elmer Holmes Bobst, pharmaceutical industrialist of renown, tells the story of the start of his upward climb; country boy from Lititz working in Philadelphia pharmacies, studying on his own, and rushing to take the examination first for assistant and then for registered pharmacist late in 1905, just in time to beat out the Pennsylvania "prerequisite law" that took effect on January 1, 1906. In other states such laws took effect much later, in 1920 in New Jersey and in 1922 in North Carolina, for example. In the

(Continued on Page 9)

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Pharmaceutical  
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latter state, however, attendance at a college of pharmacy for at least nine months had been a requirement since 1915.

As a concomitant of the organization of pharmacy on the state level and the establishment of examination and registration requirements, the American colleges of pharmacy began to proliferate. By 1870 the pioneer effort of the Philadelphia College of Pharmacy had been emulated but eleven times; by 1898 no fewer than 48 more colleges of pharmacy were established. These included the University of North Carolina at Chapel Hill, which, after two shaky starts in 1880-1886 and in 1889, finally became established in 1897. Some of the colleges did not last very long, the Leonard Schools of Medicine and Pharmacy of Shaw University in Raleigh, North Carolina, for example, but 32 of the colleges now in existence had their origins in the 19th century. Most of these colleges were proprietary institutions but with a very few exceptions they have become affiliated with universities. This, plus the fact that 14 state universities established departments or schools of pharmacy in the 19th century, has placed pharmacy on the university level of education in the United States.

The curriculum of the early colleges of pharmacy was scant; lectures in materia medica, botany, chemistry, and practical pharmacy, with a few demonstrations was its extent. The part time, evening program (in 1868 the Philadelphia College of Pharmacy held its lectures on Monday, Wednesday, and Friday evenings) usually took two years and culminated in the certificate of graduation that eventually became known as the Ph.G. degree.

Under the influence of university standards of education, under the impact of the late nineteenth century developments in the sciences, especially organic chemistry, bacteriology, and pharmacology, and under the pressure from new national organizations like the National Association of Boards of pharmacy, the American Association of Colleges of Pharmacy, and the American Council of Pharmaceutical Education, the standards of pharmaceutical education improved. Fulltime, day programs, with required laboratory instruction became common. By 1907 a two-year curriculum had been adopted; by 1925 a three year program; by 1932 a four-year program leading to the bachelor's degree; and by 1960 a five-year program. Most important was the changing direction of the curriculum; increasingly pharmacology was becoming the bulwark of the curriculum. As Dean Linwood F. Tice of the Philadelphia College saw the development, the pharmacist had to be trained to master therapeutic incompatibilities, understand adverse drug reactions, involve himself in the control of drug use, be able to evaluate the best drug for a given purpose, and be competent to counsel other health professionals on medication or laymen on non-prescription medication. By the early 1970's the shift in the character of pharmaceutical education in the direction to which Dr. Tice had been pointing was evident; "clinical pharmacy" programs were generally available.

The rapidity of the innovations in science and technology in the twentieth century and the changing role of the pharmacist have brought a new dimension to pharmaceutical education: continuing education for the practicing pharmacist. Extension services for pharmacists can be traced back to the 1890's, but it was not until the 1930's that pharmacy colleges in general under the stimulation of Robert P. Fischelis, evinced an interest in continuing education. In 1950 the University of Wisconsin and Rutgers University instituted what have been called "the first modern pharmaceutical extension services." This has culminated in a number of states (beginning with Florida and Kansas in 1967) in the establishment of regulations that impose a minimum of continuing education as a condition of renewal of the pharmacist's license.

## The Pharmaceutical Sciences

One need only follow the changes in the curriculum of American colleges of pharmacy to recognize the transformation that has taken place in the last 100 years. The introduction of courses in physics, physiology, advanced chemistry, microbiology, not to mention advances in pharmacology; the need to master new techniques of instrumentation and metrology; the ability to use and understand electronics and the computer; and the venturing into radioactive pharmaceuticals, have transformed the pharmacist into a man of science. The *materia pharmaceutica*, now so much the product of the huge and costly research laboratories of industry,

(Continued on next Page)

are so complex as to require a high degree of scientific understanding, and so potent as to make such understanding a matter of social responsibility on the part of the pharmacist. It is but a generation since the therapeutic revolution began that gave us the vast array of chemotherapeutic agents like the sulfas, penicillin, and streptomycin, and the chemical agents like hormones, vitamins, antihistamines, antihypertensives, diuretics, cardiac drugs, and tranquilizers.

The metamorphosis of pharmacy from an art into a science is also pointed out by the changes that took place in the United States Pharmacopoeia. The sixth revision (1882) of that work—the first to be issued under a Committee of Revision on which the majority were pharmacists—indicated the kind of change that was taking place. As Glenn Sonnedecker has described it:

Casual mention of a few tests [in the former revisions] was replaced with detailed tests for identifying and determining the purity of many of the drugs. Detailed processes for assaying the alkaloids appeared for the first time. Drugs from vegetable and mineral kingdoms were more meaningfully described as to physical characteristics and, where possible, chemical properties. Symbolic formulas and molecular weights were introduced. . . . Nomenclature was revised.

Compare this with Dr. Sonnedecker's comment on the USP XIX (1975): "For the first time test procedures included high-pressure liquid chromatography, X-ray diffraction spectrophotometry, and atomic absorption spectrophotometry, as well as far more frequent use of gas-liquid and thin-layer chromatography."

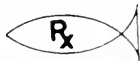
## The Economics of Pharmacy

When state associations were being established and when restrictions on who might practice pharmacy were imposed, other changes in the American scene were also profoundly affecting pharmacy. Especially did the growth of big business, particularly both the proprietary and "ethical" drug industries disturb, and then alter, the practice of pharmacy.

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WOOFORD AND FOREST STREETS P. O. BOX 1779

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First there was the tremendous growth of the proprietary drug industry and the so-called "patent medicines" which they blatantly advertised. Initially the pharmacists attempted to duplicate these remedies with their own concoctions—as early as 1824 the Philadelphia College of Pharmacy had published a *Formalae for the Preparation of Eight Patent Medicines* to guide the pharmacist—but in due course the pharmacist realized that he had to accept the inevitable. He did so only to run into another problem: the competition of the grocer, the department store, the chain store, and the cut-rate druggist.

Price-cutting in American pharmacy went back at least to 1823 but it received its modern start, perhaps, in Pittsburgh where pharmacist George A. Kelly called his four drugstores (trading as Beckham and Kelly) "Cut-rate Drugstore" about 1860. One of the "big four" price cutters in the 1880's was Evans of Philadelphia, and such establishments were to be found in New York, Chicago, Cincinnati, Atlanta and elsewhere.

The problem was acute enough to help bring forth the National Wholesale Druggists Association in 1876 and a National Retail Druggists Association in 1883. The latter lasted only four years; the National Association of Retail Druggists came into existence in 1898. A "Campion Plan" calling for manufacturers to sell only to jobbers (or retailers in some circumstances) who would agree to sell only to retailers who agreed to maintain prices, was tried unsuccessfully between 1883 and 1888, as were a good number of other such plans in that period. A "Tripartite Plan" which brought together the NARD, the NWDA, and the Proprietary Association, and which had the blessing of the American Pharmaceutical Association, was declared to be in violation of the Sherman Anti-Trust Act in 1907.

Under the aegis of the NARD, legislation was sought that would put an end to price cutting. States, starting with California in 1931 passed "fair trade" laws that legitimized retail price maintenance. These laws were strengthened by the passage of the Miller-Tydings Act of 1937. (In the meantime there had been some rather mixed experiences with price maintenance under N.R.A. codes.) The legislation came under attack in federal and state courts and received its most severe set-back in the famous *Schwegmann* case decided by the United States Supreme Court in 1951. Slowly the supermarkets, abetted by the consumer movement, and by the Federal Trade Commission, whittled away at the legislation in the courts. Moreover, manufacturers were not finding it to their advantage to prosecute violations of price maintenance agreements. When the "Quality Stabilization Bill" sponsored by the NARD failed to get Presidential support in Washington in 1962, the movement had come to an end.

Price maintenance had in fact run counter to American concepts of free enterprise. American pharmacy was not to enjoy the fruits of price fixing that its European counterpart enjoyed.

## Prescription Drugs

Affecting not only the economics of pharmacy but also the professional role of the pharmacist were the changes that took place in the prescription drug field. Industrial expansion, later buttressed by a tremendous scientific explosion, deprived the pharmacist of his birthright. From a compounder and dispenser of drugs he was in danger of becoming a counter and pourer.

The incursion of the industry on the domain of the compounding pharmacist had begun early in the 19th century with the production of the vegetable alkaloids and the halogens. Such drugs as morphine, quinine, iodoform, chloralhydrate, and ethylchloride were not readily made in the rear laboratory of the pharmacy shop. In the post-Civil War period industry began making up galenicals, a class of product that the pharmacist considered within his private domain. But by 1879 Parke Davis & Company was boasting that it had standardized its "Liquid Ergotae Purificans" and industry's ability to turn out products of a uniformity, quality, and efficacy that the pharmacist could not duplicate, persuaded him, despite efforts to hold back the tide, to accept his changing role. In the 1880's G. D. Searle's catalogue was offering no fewer than 450 fluidextracts, 150 elixirs, 100 syrups, 75 powdered extracts, 25 tinctures, and other drug forms for which claims of potency and uniformity were made. Then a new development in chemistry dealt a further blow: the manufacture of synthetic chemicals. The cyclical compounds, carbolic acid, salicyclic acid, phenacetin, and the antipyretics were compounds that the pharmacy shop

(Continued on Next Page)

could produce even less satisfactorily than it could produce vegetable alkaloids. When the therapeutic revolution of the 1930's burst forth with the introduction of the sulfas, the process was completed: there was little left for the pharmacist to prepare *secundum artem*.

Yet one other difficulty remained to add to the woes of the pharmacist. That was the propensity of the American physician to compound and dispense his own medicines. Indeed pharmacy did not begin to disappear from the curriculum of the medical schools until the beginning of the present century. Moreover many physicians operated drugstores. In Pennsylvania it was not until 1905 that the physician's right to open a pharmacy shop was removed from the statute books and in North Carolina it was until the same year that the physician's right to open a pharmacy was limited to small villages. Slowly, by virtue both of the increasing burden on the physician and of the improved scientific and professional status of the pharmacist, the dispensing physician disappeared from the scene, although he lasted generally until the 1930's.

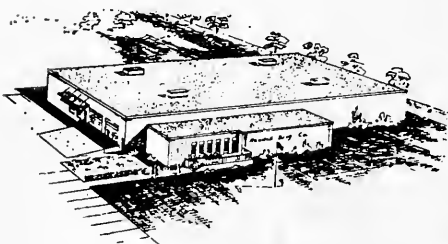
## The American Drugstore

The American experience in pharmacy has differed from that of continental Europe in more than the matter of price fixing. The limitation of the number of pharmacies has never had any support in American society. Similarly, the ownership and management of drugstores has not been limited to licensed pharmacists in this country. This has made possible the opening of drug departments in department stores, chain stores, and supermarkets. Attempts to legally restrict the ownership of pharmacies to registered pharmacists were negated in 1928 by the United States Supreme Court in a decision involving a Pennsylvania statute that sought to do so. Other devices that sought to meet the challenge of the supermarket—a challenge first, by the sale of over-the-counter preparations and health and beauty aids on a self-service basis and second, by the opening of prescription services within the supermarket—met with similar difficulties. Since the 1940's a tug-of-war on both the legislative and legal fronts has been taking place. The recent court decision upholding the North Dakota law requiring at least 51% of the controlling interest in a pharmacy be held by pharmacists may generally affect the continuing confrontation. The situation points up the anomalous situation of pharmacy in this country; as a profession contributing to the health of society it nevertheless needs to operate within an economic structure that is basically *laissez-faire*.

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These socio-legal realities translate into economic realities. American pharmacy has not been able to afford the luxury of limiting its practice to the handling of pharmaceuticals and closely related medical needs. The American pharmacist, going back to his colonial roots, has always had to supplement his income by devoting a portion of his premises to items bearing little relation to his profession. Glass and paints have given way to notions and sundries and merchandise of all kinds; most uniquely American, however, has been the soda fountain. Pharmacist Elias Durand of Philadelphia operated one of the first soda fountains in an American pharmacy about 1825, and small counter devices became common thereafter. Ornate fountains made their appearance about 1860, and when local and state laws limited the liquor business in the 1880's and national prohibition became a fact in 1919, the soda fountain business flourished. The fountain, which often expanded into a small restaurant, by 1929 was to be found in three out of every five independent drugstores and in almost all of the chain drugstores. In 1935 drugstores took in \$121 million from their fountains, but thereafter the percentage of drugstores with fountains declined: for independent stores it fell from 58% in 1935 to 46% in 1960 and in chain drugstores from 87% to 67%. The decline was due largely to shortages of soda fountain personnel and material during World War II and the discovery that the space could be used for better advantage in some alternative use.

The soda fountain, be it noted, was responsible for a very significant contribution of American pharmacy to life in the 20th century—the cola soft drinks. Coca Cola was first concocted in an Atlanta, Georgia pharmacy; Pepsi Cola was first concocted in a New Bern, North Carolina pharmacy.

## Changing Patterns of Practice

The decline of the soda fountain was an indication that the American drugstore was tending to a greater professionalization. In 1935 it was estimated that only 1% of American pharmacies "seemed to be primarily interested in prescription practice"; in 1962 it was estimated that almost 25% of American pharmacies derived half or more of their income from the prescription department. At the same time there was a tremendous increase in the number and value of the prescriptions dispensed. Whereas some 475 million prescriptions were dispensed in community pharmacies in 1955, over 1,100 million were dispensed in 1971. This reflected both the development of more effective medicaments and the prescribing of single active substances rather than the prescribing of compounds with several ingredients.

The new, potent medicaments, as has already been pointed out, developed and manufactured by the pharmaceutical industry, and ready for dispensing by the pharmacist, virtually abolished the compounding function of the pharmacist. (In countries like Germany the pharmacist does not even have to count. Prescriptions call for prepackaged quantities only.) In the late 1920's a "broad knowledge of compounding" was still necessary in 80% of prescriptions; by 1940 only 26% of prescriptions required some combination or manipulation of ingredients; after 1971, 1% or less of all prescriptions combined two or more active ingredients.

While the tools of the apothecary were being relegated to the realm of the antique, pharmaceutical practice was being altered by increasing government involvement in public health matters. Commencing with arrangements under Emergency Relief in the 1930's, proceeding through relationships with the Veterans Administration in the 1940's, followed by involvement with Medicaid and Medicare in the 1960's and with various other welfare and related agencies throughout the period, pharmaceutical services came under closer public scrutiny and control. There was a double problem: the possibility that the government might set up its own dispensaries, and the agreement on the basis for and the amount of reimbursement. In any event, the old traditional payment by the patient for services rendered was being replaced, a trend that was carried into the private sector by the development of "third-party payment" plans based on insurance schemes or some form of group employee benefit program that began to make headway in the 1960's.

*(Continued on Page 15)*

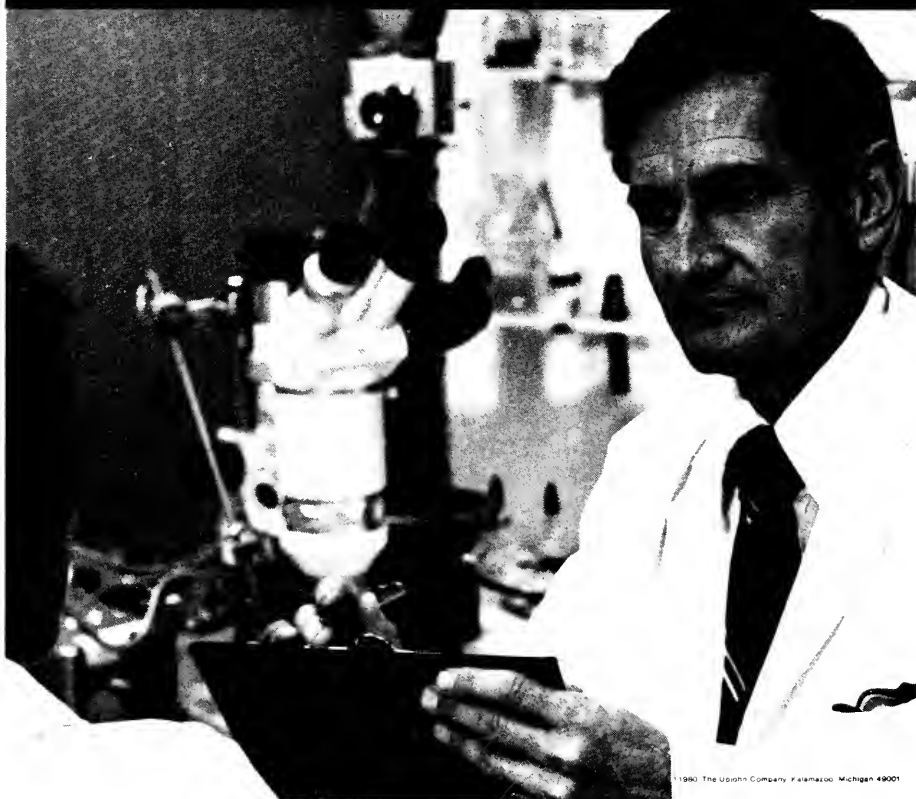
As a young pharmacist, Sherm Kramer was fascinated by drug compounding. Now at Upjohn as a Research Head, Pharmacy Research, Sherm directs pharmacists/scientists who develop every aspect of a new drug—purity, potency, bioavailability, shape, color, shelf life. Then they test it, prove it, and transfer their data, experience and confidence for scale-up to commercial production.

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One interesting development in pharmaceutical practice, and one which may hold a great deal of promise and influence on the future development of the profession, is the burgeoning field of hospital pharmacy. Hospital pharmacy has a tradition that goes back to 1752 and the Pennsylvania Hospital in Philadelphia. It had a place, too, in the American Revolution. Joseph Prescott, "Apothecary of the Southern Department," was located at the military hospital in Hillsborough, North Carolina in 1780, for example. The history of hospital pharmacy is adorned by such figures as Martin I. Wilbert of the German Hospital in Philadelphia and Susan Hayhurst who served as pharmacist in the Women's Hospital of Philadelphia for 33 years at the end of the last and the beginning of the present century. But the great growth in the field, and its establishment as a specialty in pharmacy, began in the 1930's. By 1942 the American Society of Hospital Pharmacists had established itself as an independent organization and by 1957 the country could boast of having 5,833 hospital pharmacists. The hospital pharmacist has moved into a "position of considerable autonomy of professional planning and action," and as a "clinical pharmacist" is participating in the provision of health care through closer contacts with other professional personnel and the patients themselves.

One new facet of the practice of pharmacy on the community level has been the role of the pharmacist as a part of a health team in bringing to the attention of the public matters of significance to public health. On an organized, national level, there have been the National Pharmacy Week (1924-1972) and the American Pharmaceutical Association's program, begun in 1964, to promote the use of the community pharmacy as "a community health education center." Under such and state association stimulation, the community pharmacy has participated in such activities as blood banks, cancer detection drives, polio vaccine campaigns, venereal disease campaigns, heart disease publicity, diabetes detection, mental illness awareness, and such. The special knowledge of the pharmacist and the special community role of the pharmacy have served the public, and public and quasi-public agencies in the health field well.

## The Contemporary Scene

Three major forces have influenced pharmacy in the twentieth century. First was the scientific-technological change, especially rapid in the last generation, that has virtually stripped the pharmacist of the function as a compounder of medicines, changed his educational patterns, and forced him into a new type of service that may become more pharmacological than pharmaceutical. Second was the growth of competition from the supermarket. Not new, except for the heights it reached, it has tended to make the pharmacist more attentive to his professional potentialities. Third was the impact of the new social consciousness. Third-party payments have altered the pharmacist's relations with the patient, have put him face-to-face with government agencies and insurance companies, and have tended to guarantee him a professional fee. The same forces can alter the future patterns of pharmacy in much more radical directions. The old conservative attitudes of resistance will not suffice if pharmacy wishes to master its own destiny. Pharmacy must make its choice between its mercantile and its professional personalities; a choice that may mean disappearance or denigration on the one hand, or a vibrant and significant role in the provision of health care on the other. This is the challenge that the North Carolina Pharmaceutical Association faces in its next century.

## Reference

This summary, prepared by David L. Cowen, has relied heavily on G. Sonnedecker, *Kremers and Urdang's History of Pharmacy*, 4th ed., Philadelphia, 1976.

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Mr. Rogers' contributions to Pharmacy and his community which led to this award will be recognized during the program following the dinner.

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## MENTAL HEALTH CARE, DRUG THERAPY AND COMPLIANCE—PART I

by

Robert J. Allen

**Chief, Pharmaceutical Services**

**North Carolina Department of Human Resources**

*Division of Mental Health, Mental*

*Retardation and Substance Abuse Services*

This is the first in a series of three articles intended to update the community and hospital pharmacist about the mental health care delivery system in North Carolina. The NCPHA Committee on Mental Health believes that the pharmacist, especially the community pharmacist, can play a significant part in the mental health care delivery system. To do that, however, requires an understanding of the system and the patients it serves; it requires the ability to recognize symptoms of mental disorders as well as the effects and side effects of the psychotropic drugs used in treatment. It also requires the willingness to monitor the drug therapy of these patients for signs and symptoms of non-compliance. Hopefully, this series of articles will accomplish the Committee's objective.

### **Community Mental Health Center Movement of the Sixties and Seventies**

The North Carolina Division of Mental Health, Mental Retardation, and Substance Abuse Services (formerly called the Department of Mental Health) was created by the 1963 General Assembly as the result of efforts by many groups and individuals to bring all mental health services together under one agency. Before this, services had developed sporadically throughout the state during the previous one hundred years.

Dorothea Dix Hospital in Raleigh opened its doors in 1850 and began the development of the State Mental Hospital System. Mental health care continued as an institution based service in North Carolina until the 1940's when several mental health centers opened in communities across the state through the work of professionals and lay individuals interested in keeping the mentally ill in their own communities for treatment when possible.

From 1963 to the present, a great swing in thought concerning mental health and its various facets has taken place. State institutions had been viewed as a panacea for the community to dispose of those people with mental health problems who were disruptive in behavior. Often, an individual was placed in an institution at an early age, remaining until death. Little treatment or therapy was available and little hope existed for rehabilitation.

With the advent of psychotropic drug therapy, patients who once were untreatable were now being discharged from institutions. As a result, attention turned from custodial care to therapy, rehabilitation and resocialization. The stigma that was once associated with mental and emotional problems has faded; mental illness is now considered a treatable medical problem. This change in attitude, coupled with the large increase in professionally trained mental health personnel, resulted in the development of a community oriented system of mental health care delivery in North Carolina, a tremendous milestone and model for mental health care throughout the United States.

In 1965, the state was divided into four geographic mental health regions—the Eastern, North Central, South Central, and Western. The regions were further sub-divided into forty-one mental health catchment areas, each offering specific programs tailored to particular area's needs. Populations in these areas ranged from 75,000 to 200,000 with programs being determined and governed by boards comprised of local citizens. This was the beginning of the area concept—a new and dynamic way to deliver services and meet the needs of the entire population. It is based on the theory that, when possible, a person in need of treatment should receive it in his own community rather than at a large and distant isolated state facility.

*(Continued on Page 19)*

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Each of the four regions has a state psychiatric hospital, a mental retardation center, and an alcoholic rehabilitation program. For example, the North Central region's sixteen counties and eight area mental health programs are served by John Umstead Hospital, Murdoch Center for the retarded, and the Alcoholic Rehabilitation Center at Butner. These institutions are linked to the area programs through the "one portal of entry into the mental health system" concept. This means that in all area programs, persons with mental illness, retardation, or alcohol and drug abuse problems should first be seen at the local community mental health center. After evaluation and diagnosis, a treatment plan is developed to suit the patient's individual needs; the patient may be treated as an out-patient or in-patient in the local community or admitted to one of the state facilities within the region. If institutionalized, the goal then becomes to rehabilitate the patient and return him to normal community living as quickly as possible. Institution discharges are coordinated through the area mental health program in the community.

### **The Area Mental Health Program: Five Essential Services**

All forty-one areas must provide at least five essential services to be considered a comprehensive community mental health program. First, *consultation and education* must be offered to everyone in need whether it be pamphlets on what the local program does or consultation and referral for a family with a retarded child. Second, *out-patient services* shall be provided for those needing treatment and able to remain in the community. It may be drug therapy, counseling, group sessions, or a variety of other treatment modalities. Third, a *daycare—partial hospitalization program* must be offered to provide structure to a patient's life as well as remotivation and re-socialization back into normal community living. Daycare can prevent needless re-hospitalization in a regional facility. Also, patients released from a psychiatric hospital can be placed in a daycare program as a transitional phase before resuming a regular schedule in their own home and work setting.

Fourth, *community based in-patient services* must be available to those individuals requiring short-term in-patient care. Local in-patient services has reduced admission to and the population of state psychiatric hospitals. It allows more attention to be focused on the chronically ill in the state institution requiring long-term care and treatment.

The fifth, and perhaps most important services in terms of prevention of problems, is the availability of *24-hour emergency services* with the mental health center personnel as back up to make services continuously available to those in need. In 1963, approximately half of the forty-one area mental health programs were providing these five essential services; in 1980, all are providing such services.

Much progress was realized during the sixties and seventies. Between 1959 and 1979, the Division reduced its hospital in-patient resident population by greater than 60%, while the number of patients on the roles of the forty-one area mental health programs had increased from 2,600 to approximately 69,000 evidence of North Carolina's commitment to community mental health care. See the appendix for an example of a typical area program's inventory of services offered.

### **Emphasis of the Eighties: Community Support Systems**

The once chronically hospitalized psychiatric population is now largely living in the community. The policy of deinstitutionalization in the seventies has been adopted nationwide with consequences that seem not to have been anticipated by its advocates. Ex-patients, whose compliance and dependency had long been fostered in authoritarian institutional settings, are still to a great degree handicapped by the behavior patterns in their new community environment.

Although the crisis of deinstitutionalization in the early seventies found the mental health communities in disarray, by the end of the decade, workers in the field were able to re-group

*(Continued on Page 21)*

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and move forward with innovative efforts to address the needs of discharged patients. The emphasis of the eighties in all likelihood will be to foster the development of the community support systems that have begun to emerge.

The National Institute of Mental Health in 1977 defined a community support system as "a network of caring and responsible people committed to assisting a vulnerable population to meet their needs and develop their potentials without being unnecessarily isolated or excluded from the community." NIMH recognizes that this general concept could be adapted to numerous vulnerable populations but, at present, the emphasis is being placed on "severely mentally disabled adults whose primary disability is emotional and for whom long-term twenty-four hour nursing care is inappropriate."

CSP guidelines specify that an adequate system for the severely mentally disabled must fix responsibility and provide staff and resources to perform the following functions:

1. Identification of the target population, whether in hospitals or in the community, and outreach to offer appropriate services to those willing to participate.
2. Assistance in applying for entitlements.
3. Crisis stabilization services in the least restrictive setting possible with hospitalization available when other options are insufficient.
4. Psycho-social rehabilitation services, including but limited to:
  - Goal oriented rehabilitation evaluation
  - Training in community living skills, and the natural setting wherever possible
  - Opportunities to improve employability
  - Appropriate living arrangement in an atmosphere that encourages improvement in functioning
  - Opportunities to develop social skills, interests, and leisure time activities to provide a sense of participation and worth
5. Support of services of indefinite duration, including support of living and working arrangements and other such services for as long as they are needed.
6. Medical and mental health care.
7. Back-up support to families, friends, and community members.
8. Involvement of concerned community members in planning and offering housing or working opportunities.
9. Protection of clients' rights, both in hospitals and in the community.
10. Case management, to ensure continuous availability of appropriate forms of assistance.

### **The Pharmacist and Community Support Systems**

Pharmacists, especially community pharmacists, have an opportunity to play an important role in the emerging community support system of mental health care. Since the ambulatory mentally handicapped patient will in all likelihood continue to need psychotropic medications, the pharmacist will have an opportunity to become an active member of the community support team. As a team member, the community pharmacist must assist in reducing recidivism (defined as "... the percentage of psychiatric patients receiving the traditional hospital regimen of drug treatment and perhaps some form of individual or group psychotherapy, who are unable to remain out of the hospital"), by improving patient drug therapy compliance, monitoring the effectiveness of therapy and side-effects resulting from therapy.

Part II of this article will review the psychotropic medications, their effects and side effects, and the illnesses they treat. Part III will discuss recidivism, its relationship to drug therapy non-compliance and strategies and interventions that the community pharmacist can use as a community support team member to help reduce or minimize this problem.

*(Continued on Page 23)*

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These concerns ranged from security against crimes to meeting continuing education requirements. Some talked about the need for quality generics, product liability protection and more product information. Another was interested in better ways to train and motivate employees.

In each case, we were able to point out SK&F programs and services that are available to answer such needs—services and programs established or improved because SK&F is willing to listen and do all it can to help pharmacists meet the new challenges and opportunities in health care.

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# SK&F Pharmacy Forum



## APPENDIX

## DURHAM COUNTY COMMUNITY MENTAL HEALTH CENTER

NAME	SERVICE TYPE	RECIPIENT GROUP	CAPACITY
Area Office	Outpatient Day Treatment	Mentally Ill, Alcohol, Drug and Mentally Retarded	
Durham Community Guidance Clinic	Outpatient Day Treatment	Child Emotionally Disturbed	
Sara Barker Day Care Center for Retarded Citizens	Day Care	Child Development	
Durham Drug Rehabilitation Center	Outpatient	Drug	
Sara Barker Center	Day Care	Child Development	
Alcoholism Services Clinic	Outpatient	Psychiatric	
Men's Rehabilitation House	Halfway House	Psychiatric	
Women's Rehabilitation House	Halfway House	Psychiatric	
Alcoholism Rehabilitation House	Halfway House	Alcohol	
Greenhouse	Group Home	Child Emotionally Disturbed	
Durham Exchange Club (ADAP)	Day Care	Adult	160 (136 slots)
Durham PACT	Early Intervention	Child Mentally Retarded	
Durham Exchange Club Group Home	Group Home	Adult Mentally Retarded—Female	4
Durham Association for Retarded Citizens, Inc.	Group Home	Adult Mentally Retarded—Male	5
Durham Association for Retarded Citizens, Inc.	Group Home	Adult Mentally Retarded—Female	5
Durham Apartment Cluster-Shannon Manor Apts.	Apartment Living	Adult Mentally Retarded—Male & Female	12
Durham Respite Care Program	Respite Care	Child Mentally Retarded	5
FY 78-79 Group Home	Group Home	Adolescent Mentally Retarded Co-ed	5
Durham Drug Counseling & Evaluation	Outpatient	Drug	
Hassle House	Crisis Intervention Education	Alcohol & Drug	
Durham Council on Alcoholism	Education Group EAP	Alcohol	
Lincoln Health Center	Outpatient	Alcohol	
Bragtown Project	Day Treatment	Child	
Durham ARC	Group Home	Adult-multi handicap—Female	5
Durham County Autistic Group Home Board	Group Home	Adults	5
Alcohol Information Center	DUI	Alcohol	

*University of Minnesota College of Pharmacy***KELLOGG PHARMACEUTICAL CLINICAL SCIENTIST PROGRAM**

To prepare a new breed of pharmacists, who will be equally at home in the clinical setting and at the laboratory "bench," engaging in both the acquisition and the utilization of knowledge, is the goal of a newly initiated Pharmaceutical Clinical Scientist Program at the University of Minnesota College of Pharmacy in conjunction with the St. Louis Park Medical Center Research Foundation.

Fifteen three-year fellowships leading to doctoral degrees in Social and Administrative Pharmacy will be awarded to experienced practicing clinical pharmacists. During their course of study, the fellows' formal coursework will be supplemented with clerkship or residency experiences in clinical settings throughout the Twin Cities area.

The program is supported by a four-year \$846,400 grant from the W. K. Kellogg Foundation of Battle Creek, Michigan. It embodies the first, major attempt by an educational institution to fulfill a need identified by the 1975 Report of the Study Commission on Pharmacy (the Millis Commission), which stressed the need for giving "well-trained pharmacy practitioners the opportunity to acquire deeper scientific knowledge, the skill of rigorous research, and broader understanding of the management and control of disease."

Program Co-directors are Albert I. Wertheimer of the College of Pharmacy and Paul B. Batalden of St. Louis Park Medical Center Research Foundation. They expect graduates to become a major community resource for the application of pharmacy knowledge, to contribute significantly to the quality of drug-related services being provided in their communities, and to assume leadership roles in drug-related research.

Speaking on January 4 at the University of Minnesota to twenty-five professionals concerned with the program, Dr. John S. Millis, head of the program's national advisory board, described the endeavor as "a most interesting, exciting, promising kind of project

in which you stand to have some marvelous experiences and to gain some very, very rich rewards in terms of personal satisfaction and growth."

Millis outlined the evolution of the pharmaceutical "clinical scientist" concept developed by his Study Commission on Pharmacy. He described the present health care system as having a unidirectional flow of information from the point of knowledge acquisition down through several steps whereby the knowledge is transformed into useable "products." Millis stressed the need for a feedback system whereby what is learned at the point where knowledge is utilized is taken back to the point where additional knowledge can be acquired. "This is the most serious flaw in the system, this lack of a main feedback system." Nowhere, he added, was this deficit as pronounced as it is in the field of pharmacy; hence, the concept of the pharmaceutical clinical scientist. "We are trying to get a few people into the system with the ability to see and observe, in the hope that we get a few who can improvise, improve, expand—who can point out better ways to do things," Millis said.

Through this pilot program, educators, practitioners and fellows will join in a major effort to bridge the gap between researchers and practitioners in the pharmacy profession.

Co-directors Wertheimer and Batalden foresee this small, well-trained corps of leaders assuming roles in all aspects of pharmacy education, training and practice and, concurrently, preparing new, additional clinical scientists. The anticipated result is an ever-expanding body of professionals who possess a broad, solidly-based knowledge of the social and scientific, as well as the clinical, aspects of pharmacy.

—Noreen L. Suntrup  
*University of Minnesota*  
612-376-3457

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David R. Work, Secretary-Treasurer, P. O. Box 471, Chapel Hill, N. C. 27514.**

## DRUG STORE PERMITS AND RECIPROCITY CANDIDATES APRIL 15, 1980

### *Permits Issued*

Orthopaedic Hospital of Charlotte  
1901 Randolph Road  
Charlotte, NC 28207  
Mr. Ronald M. Geer, Ph-Mgr.

Kerr Discount Drugs  
8385 Creedmoor Highway  
Raleigh, NC 27612  
Ms. Gina Boutwell, Ph-Mgr.

Jacocks's Pharmacy, Inc. #2  
Kitty Hawk  
North Carolina 27949  
Mr. Billy G. Roughton, Ph-Mgr.

Eckerd Drugs  
South Plaza S/C, 282 Talbert Blvd.  
Lexington, NC 27292  
Mr. Tommy Bostian, Ph-Mgr.

Medical Arts Pharmacy  
402 Randolph St.  
Thomasville, NC 27360  
Mr. Larry G. Hill, Ph-Mgr.

Medical Arts Pharmacy  
1409 Pembroke Road  
Greensboro, NC 27408  
Mr. Theodore Douglas Bland, Ph-Mgr.

John White Drugs #2  
114 Rowan Street  
Fayetteville, NC 28301  
Mr. Tom Nicholson, Ph-Mgr.

Brentwood Pharmacy  
2917 Brentwood Rd.  
Raleigh, NC 27604  
Mr. Richard B. Wilder, Ph-Mgr.

### RECIPROCITY CANDIDATES

Bagwell, Robert Randall, Sr., Georgia  
Clark, Ronald Havis, Texas  
Eargle, Denny Herman, South Carolina  
Noble, Alan Stewart, New York  
Oshodi, Claretta Bookert, District of Columbia  
Stier, Terry Hoover, Iowa  
Zboyovski, John Michael, Missouri



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SCHOOL OF PHARMACY  
UNIVERSITY OF  
NORTH CAROLINA  
AT  
CHAPEL HILL

Carolyn Clayton, Editor

# Script

## DEAN'S MESSAGE

### To Our 1980 Graduates:

Congratulations to every one of you! One of the greatest satisfactions that a person in my position has is to see young men and women progress through a rigorous curriculum, finally resulting in this most happy occasion.

A message which is a cliché at graduation ceremonies is that a great challenge awaits you. This year, however, the challenge is accented by a special niche in history. We are at a time when we are facing the two remaining decades of the twentieth century, a time when this school, this university, this nation, and indeed, our world, face challenges that are almost incomprehensible in their totality.

From a narrow perspective, one need examine only the state of our economy to realize that mounting costs are eroding this school's ability to uphold crucial support to carry out programs essential to our objectives. It will be increasingly important for us to generate funds from the private sector through our foundation in the immediate years ahead. Some of you may already know that lay-off procedures for some of our staff will begin in July. Despite this ominous note, I am confident and optimistic about our ability to carry out our objectives as I am confident that you will be able to meet the challenges of our times and our profession.

I ran across an interesting poem which I would like to paraphrase for you as I close my brief remarks.

—I know where I came from and know where I'm headed.

—I respect my heritage, but refuse to be bound by it.

—Education is my window to the future, and I intend to get there ahead of the pack.

—I chose my profession the way I chose everything else—for the pleasure it gives me.

—I chose pharmacy not only for the opportunity to be of service to others, but also for the new horizons it offers me personally.

### SAPhA—1979-80

by Jennifer Price

As this year's president of the Student American and North Carolina Pharmaceutical Association, I would like to share with you our activities of the past year.

Last June 23rd, Dean Miya, Dean Werley, Dr. Gagnon, who is our faculty advisor, Mr. Al Mebane, past officers and present officers gathered at the Institute of Pharmacy for lunch and discussion. After an enjoyable lunch at Western Sizzlin—courtesy of the Institute—we began to discuss ideas for the coming year. Speakers, projects, and fund raisers—you name it—and it probably came May, 1980

up somewhere during the conversation. When we left at 4:30, we had outlined a pretty active year for our members—now we just needed the members!

Dianne Goodwin, our membership chairman, was busy taking care of that. Besides having a table set up in the lobby of Beard Hall for membership recruitment at the beginning of the year, she mailed letters to each student explaining SAPhA along with a membership form. I am proud to say that we now have 215 members.

On August 30th, most of these members gathered at the Faculty Staff Recreation Association—better known as the FARM, for

*(Continued on Page 28)*

## SAPhA—1979-80

the Annual School of Pharmacy Picnic. While some reluctant cooks grilled hot dogs, others enjoyed softball and Frisbee. Dr. Richard Penna, who is APhA's Associate Executive Director for Professional Affairs, and his family joined us after taking his daughter to Duke University.

Not all of the hot dogs were eaten that night, so we took advantage of the break between classes and had a hot dog sale in early September. We used the money earned to help send Susan Beal, one of our 4th year students, to the Regional Convention in Charleston, S. C. in October. Susan came back with several ideas and lots of material for future projects.

Fall semester meetings brought our members together monthly to discuss business and to hear speakers.

In September, four of our fifth-year students discussed the four areas of the curriculum—Medicinal Chemistry, Pharmacology, Pharmaceuticals, Pharmacy Practice. They gave us the "inside scoop" on instructors and tests.

In October, Sol Lucas, RPh., from the Oncology Department at Duke, was our speaker. We discussed the progressing role of chemotherapy in cancer treatment and the spiraling cost.

Dr. Ralph Raasch was our speaker in November. He discussed the projected Pharm. D. Graduate Degree Program at Carolina. Besides the proposed curriculum, the discussion also turned to the role of the Pharm. D. in the work force.

This Spring Semester has been just as busy. Many of our members contributed to the statewide Poison Prevention Week Program during March 16th through the 22nd. Through radio spots, television appearances, and posters and pamphlets distributed to local pharmacies from Manteo to Murphy, the effort reached approximately 1.3 million people.

During February and March, several of our members sold patches embroidered with the new School of Pharmacy logo. SAPhA bought these patches from NCPHF and then sold them—at a slight profit of course—to students. We used these funds to help finance our delegates' trip to Washington, D. C. for the SAPhA National Convention in mid-April.

On April 1st and 2nd, Jo Travis headed a Diabetes Screening Clinic at University Mall. Approximately 200 people were screened by our students. Students and faculty were also on hand to answer questions and discuss the pamphlets that were available to the public.

Our Spring Semester was also sprinkled with monthly meetings.

In January, Jack Schlegel, journeyed south to tell our members about the American Association of Colleges of Pharmacy and its interactions between students and faculty of the numerous Schools of Pharmacy.

In February, Clyde Rusch, who is Employment Supervisor at Burroughs Wellcome, gave us a few hints on getting our resumés noticed. He also discussed interviews and how to prepare yourself for the nerve racking occasion.

David Work, Secretary/Treasurer of the North Carolina State Board of Pharmacy was our speaker in March. His discussion on the proposed changes in State Board regulations drew our highest attendance of the year.

Now, I'd like to say thank you to several people. To Mr. Al Mebane, for the help at our organizational meeting last June, for financial help with the picnic, and for all the encouragement throughout the year.

Also, thanks to Dean Miya, Dean Werley, Dr. Gagnon, and Carolyn Clayton, for answering questions, helping me out of dilemmas and their support throughout the year.

I have thoroughly enjoyed my year as President of SAPhA—thank you for letting me share it with you.

## TWELFTH WALTER H. HARTUNG MEMORIAL LECTURE

The twelfth annual WALTER H. HARTUNG MEMORIAL LECTURE was delivered at The University of North Carolina at Chapel Hill, School of Pharmacy, by Dr. Gertrude B. Elion, Head of the Department of Experimental Therapy, Burroughs Wellcome Company, on April 9th. Dr. Elion's election as the lecturer was made by the Division of Medicinal Chemistry of the School of Pharmacy in recognition of her outstanding record of productive research and contributions to modern drug therapy and toward the advancement of the science of medicinal chemistry.

## RHO CHI SOCIETY INDUCTION

Twenty-seven undergraduate students and six graduate students were inducted into the Rho Chi Society at ceremonies held at the School of Pharmacy on April 24, 1980.

Rho Chi is an honorary pharmacy society which recognizes students who attain not less than a 3.0 grade point average, and are in the top 20% of their class. In addition, the selected student must possess strength of character, personality and leadership. Mr. A. Wayne Pittman is faculty advisor to the group.

Julie Anne Holshouser  
Elizabeth Ann Lofquist  
Ronald Eric Lyster  
Marina Lynn Maggio  
Gloria Jill Maness  
Donna Marguerite Marquis  
Joseph Owen McDowell  
Martha Helen Measamer  
Nancy Virginia Melin  
Bradley Lee Moss  
Susan Elizabeth Self  
Jo Marlene Travis  
Janet Hope Wester

## STUDENT INITIATES

Suzanne Blaug  
Sally Shannon Boyce  
Larry Charles Carpenter  
Billie Spruill Chapman  
Carlisle Chenault  
Sherry Lynn Childress  
Ann Marie Covington  
Eula Mae Daniel  
Kathryn Hardison Deloatch  
Charles Lanier Flynn  
Sonja Lynn Girard  
Rodney Sloop Gordon  
Debra Loral Groshans  
Paul Wayne Guthrie

## GRADUATE STUDENT INITIATES

Steven Ira Engel  
Gary Ralph Gallo  
Jane Carmen Hall  
June Celeste Hall  
Alan Joseph Hess  
Michael David Thorne

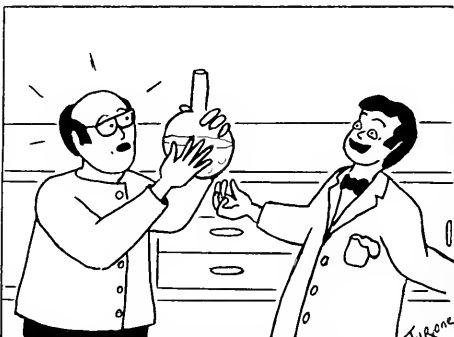
The following new officers, XI Chapter 1980-1981 were also installed at the ceremony.

President, Ann Marie Covington; Vice President, Jo Marlene Travis; Secretary-Treasurer, Bradley Lee Moss; Historian, Larry Charles Carpenter.

## NEW HORIZONS



That new diuretic is really potent. Look how much fluid we collected from the test rabbits in just 2 hours.



And that's just from the *fleas*!

## 1980 AWARD WINNERS

Congratulations to the following award winners. The awards were presented at the Annual Awards Ceremony held April 24, 1980 at the School of Pharmacy.



**Michael Callais Allen**  
(Kinston)

**Johnson & Johnson Award**—Awarded annually to a fourth-year student for outstanding performance in Pharmacy Administration studies.

The winner of this award is eligible to compete for a \$2000 prize in a Scholarship Essay Contest prior to the senior year. Sponsor: Johnson & Johnson



**Cecil Raymond Burke, III**  
(LaGrange)

**Pharmacy Student Body Award**—Awarded annually to a member of the graduating class who has demonstrated the highest qualities of character,

deportment, scholarship, participation in extracurricular activities and promise of future distinction in the profession of Pharmacy. Sponsor: The Student Body of the School of Pharmacy.

**Student Body President Award**—Awarded annually to the President of the Student Body. Sponsor: The Student Body of the School of Pharmacy.

**Upjohn Achievement Award**—Awarded to a graduating student for performance of outstanding services to the School of Pharmacy. Sponsor: The Upjohn Company.

**A.Ph.A. Certificate**—Presented to a graduating student on behalf of the American Pharmaceutical Association for outstanding services to the Student Chapter at the University of North Carolina.



**Benjamin Scott Dinkins**  
(Yadkinville)

**Merck Award**—Awarded annually to graduating students for noteworthy achievement in Pharmacy. Sponsor: Merck & Company, Inc.



**Patricia Ann Ferrell**  
(Charleston, W. Va.)

**Bristol Award**—Awarded annually to a graduating student for noteworthy achievement in Pharmacy. Sponsor: Bristol Laboratories, Inc.



**Debra Loral Groshans**  
(Center Valley, PA)

**M. L. Jacobs Award**—Awarded annually to the graduating student who has demonstrated the greatest excellence in Medicinal Chemistry.

Sponsor: Xi Chapter of Rho Chi; in honor of the memory of Dr. M. L. Jacobs, Dean of the School of Pharmacy, 1946 to 1950.



**Robin Annette Kluttz**  
(Greensboro)

**Merck Award**—Awarded annually to graduating students for noteworthy achievement in Pharmacy. Sponsor: Merck & Company, Inc.



**Winston Earl Lane, III**  
(Hertford)

**Merck Award**—Awarded annually to graduating students for noteworthy achievement in Pharmacy. Sponsor: Merck & Company, Inc.



**Elizabeth Ann Lofquist**  
(Cullowhee)

**Smith Kline & French Award**—An award for academic excellence with demonstrated ability to apply this expertise to clinical practice. Sponsor: Smith Kline & French Laboratories.





**Gail Cecilia Molic**  
(Greenville)

**Division of Pharmacy Practice Achievement Award**—An award to a graduate who has demonstrated a high degree of professional motivation and concern about the role of the pharmacist in the delivery of health care.

tion and concern about the role of the pharmacist in the delivery of health care.

**A.Ph.A. Certificate**—Presented to a graduating student on behalf of the American Pharmaceutical Association for outstanding services to the Student Chapter at the University of North Carolina.

**Lilly Achievement Award**—Awarded to a graduating student for superior scholastic and professional achievement. Sponsor: Eli Lilly and Company.



**Jennifer Rueann Price**  
(Elizabeth City)

**McKesson & Robbins Award**—Presented on behalf of McKesson & Robbins, Inc., to the President of the Student Chapter, American Pharmaceutical Association.



**Mary Claire Sherrill**  
(Statesville)

**Pharmacy Faculty Award**—Awarded annually to the graduating student who has attained the highest scholastic average during the four years of professional study.

**Buxton Williams Hunter Award**—Awarded annually to the graduating student who excels in campus citizenship and scholarship. Given by Mr. D. R. Davis in memory of Buxton Williams Hunter.

**Kappa Epsilon Award**—Awarded annually to a fourth or fifth-year woman student who has demonstrated outstanding qualities of leadership, character, service and scholarship. Sponsor: Lambda Chapter of Kappa Epsilon.



**Susan Leigh Speir**  
(Raleigh)

**Ralph P. Rogers, Sr. Pharmacy Administration Award**—A cash award of two hundred dollars awarded annually to a third-year student for high achievement and motivation in Pharmacy Administration. Sponsors: Ralph P. Rogers, Jr. and the North Carolina Pharmaceutical Association.



**Susan Scott Tart**  
(Green Cove Springs, FL)

**Johnson & Johnson Award**—Awarded annually to a fourth-year student for outstanding performance in Pharmacy Administration studies. The winner of this award is eligible to compete for a \$2000 prize in a Scholarship Essay Contest prior to the senior year. Sponsor: Johnson & Johnson.

## RAASCH SELECTED BEST INSTRUCTOR

Dr. Ralph H. Raasch, Assistant Professor, Division of Pharmacy Practice, was honored as Best Instructor for 1979-80 at the Annual School of Pharmacy Awards Program.

Dr. Raasch was selected by the graduating class as the faculty member who has demonstrated the highest qualities of instructional ability based on the following criteria: 1) best presentation of material; 2) most interest in students; 3) fair and relevant quizzes and; 4) most contribution to student's pharmaceutical knowledge.

A 1979 recipient of one of the four UNC-CH Tanner Awards for superiority in teaching, Dr. Raasch received a B.S. from the University of California at Davis, and a Pharm.D. from the University of California at San Francisco. He joined the School of Pharmacy Faculty in 1976. Currently, he coordinates Pharmacy Practice 76, an undergraduate course in pathophysiology and therapeutics. He also teaches in the School's graduate course in pharmacokinetics.

## CONGRATULATIONS GRADUATES!

The School of Pharmacy honored its 148 graduates in a ceremony at Hill Hall on Sunday, May 11, 1980. Jack G. Watts of Burlington, President of the N. C. Pharmaceutical Association, was the featured speaker.

The following is a list of the graduates and their hometowns. This is the third year in a row that female students constitute the majority of the graduates.

### August, 1979:

Ronald Barry Forrester—Concord, NC  
Robert Anthony Godfrey—Jacksonville, NC  
William Michael Jeffries—Henrietta, NC  
Jay Christopher Maness—Statesville, NC  
Jo Webster McCall—Concord, NC  
Michael Mullen—Siler City  
Robert Vernon Wheeler—Creedmoor, NC

### December, 1979:

Kathryn Kemp Austin—Peachland, NC  
William LeRoy Bass, Jr.—Farmville, NC  
Sally Shanon Boyce—Raleigh, NC  
David Ralph Coppala—Charlotte, NC  
Carolyn Shelton Covert—Chapel Hill, NC  
Harry Dwight Cowart—Swansboro, NC  
Lisa Jane Gilreath—Gastonia, NC  
Robert Edward Guy—Mount Ulla, NC  
Marla Rene Hersh—Raleigh, NC  
Jonnie Elizabeth Hildreth—Charlotte, NC  
Robert Andrew Hollifield—Bostic, NC  
Cynthia Lynn Hoover—Burlington, NC  
James Paul Huffines, Jr.—Greensboro, NC  
Richard Edward Jimmo—Coventry, RI  
Theodore Kenneth Kyle—Fremont, NC  
Marie Louise Leroy—Auburn, NY  
James Kenneth Lowery—Raleigh, NC  
Pamela Lynne Mackey—Pisgah Forest, NC  
Phyllis Ann Malewich—Cary, NC  
Brenda Kay Montjoy—Robbins, NC  
Toula Dimitra Panagiotopoulou—Greenville, NC  
Mark Willis Pell—Pilot Mountain, NC  
Samuel Bruce Petteway—Rocky Mount, NC  
William Tillman Rhodes, III—St. Pauls, NC  
William Robert Roberson—Cary, NC  
Patti Kim Rouse—Kinston, NC  
LuAnn Marie Summy—Raleigh, NC  
Dena Marie Turner—Hendersonville, NC

### May, 1980:

Carolyn Slockett Adams—Wilmington, NC  
Beverly Kay Adkins—Martinsville, VA  
Janet Lynn Alexander—Kings Mountain, NC  
Bonnie Lou Allen—Henderson, NC  
Michael Callais Allen—Kinston, NC  
Wilma Denise Alston—Pittsboro, NC  
Stephen Brinkley Archbell—Battleboro, NC  
Judy Mabe Atkins—Chapel Hill, NC  
Edwin Lyon Ball, Jr.—Durham, NC  
Sherry Annette Barbour—Benson, NC  
Cynthia Elizabeth Base—Cary, NC  
Justin Eric Benfield—Concord, NC  
Amanda Allen Bethune—Lillington, NC  
Robert P. Boynton—Durham, NC  
Betty Whitehead Broadhurst—Wilson, NC  
Cecil Raymond Burke, III—LaGrange, NC  
Robert Lewis Burney—Raleigh, NC  
Kathleen Irene Cahill—Greensboro, NC  
Julie Ann Capin—Hilton Head Island, SC  
Helen Marie Catoe—Monroe, NC  
Howard Russell Clark—Wilmington, NC  
Sarah Key Clark—Hickory, NC  
Cynthia Louise Coe—Wilkesboro, NC  
Sharon Jean Conley—Caroleen, NC  
Phyllis Elaine Corey—Robersonville, NC  
Mirian Lee Crabtree—Holly Springs, NC  
Joseph Richard Creekmore—Riegelwood, NC  
Harold R. Davis—Marion, NC  
James Donald Davis, Jr.—Mooresville, NC  
Kimberly Hardison Deloatch—Wilson, NC  
Benjamin Scott Dinkins—Yadkinville, NC  
Stephanie Marie Durham—Raleigh, NC  
Clyde Jackson Duvall—Brevard, NC  
Beverly Carol Edwards—Rocky Mount, NC  
Randal Lee Epley—Morganton, NC  
Annie Laurie Eskridge—Shelby, NC  
Patricia Ann Ferrell—Charleston, West Virginia  
David Wayne Fisher—Charlotte, NC  
Nancy Sue Fitzgerald—Raleigh, NC  
William Earl Foust—Greenville, NC  
Nancy Lynn Fridy—Charlotte, NC  
Nancy Virginia Garner—Burlington, NC  
James Scott Gibson—Hickory, NC  
Janice Catherine Goss—Apex, NC  
Debra Loral Groshans—Center Valley, PA  
Maureen B. Grove—Fayetteville, NC  
Christine Grace Guarrera—Chapel Hill, NC  
Kevin Wallace Guffey—Gastonia, NC  
James Franklin Hall—Wilmington, NC

Barry Wayne Hamby—Winston-Salem, NC  
 Donna Jean Harris—Greensboro, NC  
 Karen Knox Hayes—Wilkesboro, NC  
 Cindy Gardner Hendrick—Shelby, NC  
 Rita Tony Hill—Raleigh, NC  
 Elena Juliana Holak—Edwardsville, PA  
 Teresa Jackson—Winston-Salem, NC  
 Laura Christine Jordan—Gumberry, NC  
 William John Karahalios—High Point, NC  
 Palmer Wood King, Jr.—Norlina, NC  
 Robin Annette Kluttz—Greensboro, NC  
 John Lowell Koford—NE Pennsylvania  
 Kim Dorothy Koury—Burlington, NC  
 Winston Earl Lane, III—Hertford, NC  
 Jan Gray Lassiter—Rocky Mount, NC  
 Randy Neil Lawson—Sandy Ridge, NC  
 Susan Lee Lawson—Spruce Pines, NC  
 Robert Sidney Leeds—Charlotte, NC  
 David Michael Lindsay—Raleigh, NC  
 Elizabeth Ann Lofquist—Cullowhee, NC  
 Cynthia Elizabeth Lovins—Lenoir, NC  
 Deborah Ann Lowder—Winston-Salem, NC  
 Wallace Hoyle Lowder, Jr.—Albemarle, NC  
 Jane Martin Manning—Williamston, NC  
 Jay Milford Matthews—Nashville, NC  
 Daryl Wayne McCollum—Winston-Salem, NC  
 Janice Owen McKinne—Louisburg, NC  
 Mary Margaret McNeill—Whiteville, NC  
 Theresa Ann Michaud—Wilson, NC  
 Raymond Gerald Mizelle—Windsor, NC  
 Gail Cecilia Molic—Greenville, NC  
 Donna Taylor Moseley—Jacksonville, NC  
 Allen Thomas Munday—Hickory, NC  
 John David Murray—Winston-Salem, NC  
 Lydia Jan Nowell—Apex, NC  
 Gary Miller Oakley—Roxboro, NC  
 Julie Lynn Parmer—Harrisburg, NC  
 Cynthia Long Patterson—Chapel Hill, NC  
 Orven Russell Phipps—Turkey, NC  
 Steven Michael Potter—Fayetteville, NC  
 Doyle Edison Powers—Bennett, NC  
 David Mark Preston—Raleigh, NC  
 Virginia Charla Smith Pridgen—Liberty, NC  
 Kinney Ward Register—Raleigh, NC  
 Delrose Samuels—Bronx, New York  
 Georganne Sebastian—Salisbury, NC  
 Mary Claire Sherrill—Statesville, NC  
 Joey Kent Sigmon—Claremont, NC  
 Phyllis Marie Smith—Charlotte, NC  
 Sarah Denise Stocks—Washington, NC

James Michael Sykes—Spring Hope, NC  
 Susan Scott Tart—Chapel Hill, NC  
 Anne Black Thompson—Winston-Salem, NC  
 Esther Diana Tingen—Fuquay-Varina, NC  
 Larry James Toth—Cary, NC  
 Stephen Wayne Tripp—Ayden, NC  
 Joseph Stephen Vinson—Chapel Hill, NC  
 Deborah Anne Wellons—Wallace, NC  
 Janet Hope Wester—Louisburg, NC  
 Theresa Whitley—Raleigh, NC  
 Donald Reid Woodard—Graham, NC  
 William Ralph Woodell—Elizabethtown, NC  
 Bryan Keith Wyrick—Greensboro, NC

### BURGISS RECEIVES DISTINGUISHED SERVICE AWARD

Tom R. Burgiss, R.Ph. of Sparta, N. C., received the 1980 School of Pharmacy Distinguished Service Award at the Annual Awards Program held at the School on April 24.

The award, an engraved mortar and pestle, is presented to an individual other than a student or a member of the Pharmacy Faculty who has made outstanding contributions to the instruction, research, and/or service functions of the School of Pharmacy.

Burgiss, a graduate of UNC-CH in 1953, and a past-President of NCPHA, serves as a Practitioner-Instructor in the Academic Externship Program. His practice site has often been recognized by students as "exciting and stimulating." One student has described his externship experience with Burgiss thusly: "Seeing pharmacy in action as it should be makes being a pharmacy student have meaning and purpose."

In addition to being a Practitioner-Instructor, he has served as an outside member of the curriculum committee. He has also assisted the School in other capacities. These include membership on the Task Force for Health Planning and Pharmacy Practice; membership on the Board of Directors of the North Carolina Pharmaceutical Research Foundation; and numerous lectures in courses taught at the School of Pharmacy.

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## NORTH CAROLINA ACADEMY OF PHARMACY

### PURPOSE

To encourage and recognize

- Civic
- Cultural
- Religious
- Professional

activities beyond the usual day by day practice of pharmacy.

### OFFICIAL ACADEMY RULES

- Must be a member of the North Carolina Pharmaceutical Association.
- Ten thousand (10,000) points must be earned for full membership in the Academy.
- Minimum of two thousand (2,000) points required *annually* for sustaining membership.
- Allowable professional activities must be reported within thirty (30) days after service is rendered.
- Categories of activities allowable and credit point earned determined by committee on the North Carolina Academy of Pharmacy and *its decision is final*.
- *Membership* in organizations not allowable for credit points; points allowed on *activities* only.
- Mileage while attending allowable meetings will be granted to one (1) point per mile (round trip) up to a maximum of 10% of total point values earned.

## TYPICAL PROFESSIONAL ACTIVITIES QUALIFYING FOR ACADEMY CREDIT POINTS

### ATTENDANCE

- at business sessions of annual N. C. Pharmaceutical Association Conventions
- at NCPHA-sponsored seminars, refresher courses, merchandising schools, etc.
- at committee meetings, local sectional, or state
- at National or Sectional pharmaceutical meetings.

### PARTICIPATION

- Serving as presiding officer at professional or civic meetings
- Talks, lectures, speeches, addresses before any organized group
- Published articles dealing with Pharmacy or related subject
- Instruction of hospital interns or nurses on a volunteer basis
- Supervising pharmacy interns (under State Board of Pharmacy regulations)
- Installation of original professional displays (career, poison prevention, etc.)
- High School counseling in interest of Pharmacy

### HOW TO ENROLL

If a member of the NCPHA, request copy of N. C. Academy of Pharmacy Enrollment Form from: N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, N. C. 27514.

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Recently, Eli Lilly and Company cited Town and Country Drugs of Taylorsville, North Carolina on the occasion of filling 1,000,000 prescriptions with a commemorative apothecary jar. Observing the event from left to right are: Larry Jones, R.Ph.; Bill Pitts, Representative, Eli Lilly and Company; and Lewis Ferguson, R.Ph.

## NO ONE CAN APPRECIATE YOUR NEEDS LIKE ANOTHER PHARMACIST



Warren Spear has not only designed pharmacies and the fixtures to go in them but has owned and managed his own pharmacies. He understands location, layout and profit mix as only a pharmacist can. That is why if you are considering a new store, remodeling or just adding a fixture or two, you should contact Warren Spear.

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## LILLY DIGEST PRELIMINARY REPORT—1980

A REVIEW OF  
COMMUNITY PHARMACY

Averages per pharmacy	1979 (819 Pharmacies)	1978 (1,556 Pharmacies)	Amount and Percent of Change
<b>Sales</b>			
Prescription	\$196,708— 49.5%	\$176,705— 51.2%	+\$20,003—11.3%
Other	200,857— 50.5%	168,597— 48.8%	+\$32,260—19.1%
Total	\$397,565—100.0%	\$345,302—100.0%	+\$52,263—15.1%
<b>Cost of goods sold</b>	261,747— 65.8%	225,651— 65.3%	+\$36,096—16.0%
<b>Gross margin</b>	\$136,818— 34.2%	\$119,651— 34.7%	+\$16,167—13.5%
<b>Expenses</b>			
Proprietor's or manager's salary	\$ 25,514— 6.4%	\$ 23,896— 6.9%	+\$ 1,618— 6.8%
Employees' wages	47,769— 12.0%	39,914— 11.6%	+\$ 7,855—19.7%
Rent	9,884— 2.5%	8,436— 2.4%	+\$ 1,448—17.2%
Miscellaneous operating costs	42,000— 10.6%	35,938— 10.5%	+\$ 6,062—16.9%
<b>Total expenses</b>	\$125,167— 31.5%	\$108,184— 31.4%	+\$16,983—15.7%
<b>Net profit (before taxes)</b>	\$ 10,651— 2.7%	\$ 11,467— 3.3%	-\$ 816— 7.1%
<b>Total income (net profit plus proprietor's salary, before taxes)</b>	\$ 36,165— 9.1%	\$ 35,363— 10.2%	+\$ 802— 2.3%
<b>Value of inventory at cost and as a percent of sales</b>			
Prescription	\$ 23,218— 11.8%	\$ 21,133— 12.0%	+\$ 2,085— 9.9%
Other	42,182— 21.0%	35,809— 21.2%	+\$ 6,373—17.8%
Total	\$ 65,400— 16.5%	\$ 56,942— 16.5%	+\$ 8,458—14.9%
<b>Annual rate of turnover of inventory</b>	4.0 times	4.0 times	no change
<b>Number prescriptions dispensed</b>			
New	13,974— 50.1%	13,017— 48.4%	+ 957— 7.4%
Renewed	13,917— 49.9%	13,896— 51.6%	+ 21— 0.2%
Total	27,891—100.0%	26,913—100.0%	+ 978— 3.6%
<b>Average prescription charge</b>	\$ 7.05	\$ 6.57	+\$ 0.48— 7.3%

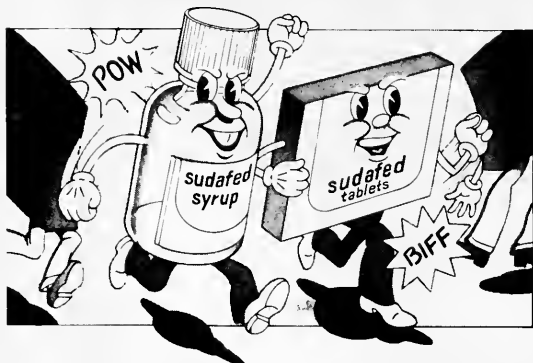
This year's preliminary *Lilly Digest* report, based on 1979 operating statistics from 819 community pharmacies, indicates increasing cost-of-goods and expense figures that resulted in lower gross margin and profit. When the income and expense statement items are expressed as percentages of total sales and compared with *Lilly Digest* figures for 1978, they show that . . .

Total sales reached a new high of \$397,565—\$52,263 (15.1 percent) over 1978 sales. This rate of increase is higher than the average annual growth rate of 7.9 percent observed during the past ten years. Prescription sales showed an 11.3 percent increase over the previous year's figure but were outdistanced by other sales, which advanced 19.1 percent.

(Continued on Page 39)

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## DECONGESTION WITHOUT DROWSINESS

Source: IMS America; based on drugstore sales of OTC Sudafed 24's and 100's



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## LOCAL NEWS DURHAM

Ralph P. Rogers, Jr., Durham, has made a substantial contribution to the Ralph Peele Rogers Sr. Scholarship Fund, in the form of stock, which will be sold and the proceeds deposited in the Fund Account.

## HOW TO SERVE ON A COMMITTEE

1. Never arrive on time or you will be thought a beginner.
2. Do not say anything until the meeting is at least half over, this stamps you as wise.
3. When speaking, be as vague as possible, this avoids irritating the others.
4. When in doubt, suggest a subcommittee be appointed.
5. Be the first to move for adjournment; this will make you popular—it's what everyone was waiting for.

## BLAND MEMORIAL

A substantial contribution to the TMA Foundation in memory of Joseph F. Bland, High Point, has been made by Reuben C. Russell, McKesson & Robbins. The announcement was made by William P. Brewer, Secretary-Treasurer, TMA Foundation, Greensboro.

## STOLEN Rx BLANKS

Rx blanks have been reported stolen from physicians at Duke University Medical Center. Forged prescriptions on at least one of these blanks have appeared in Raleigh. Pharmacists are cautioned to be on the alert for prescriptions from Dr. Robert Whalen, Dr. Lynn Smiley, or Dr. Ronald Riefkohl.

## PHARMACY LOAN FUND CONTRIBUTION

Another generous contribution to the Consolidated Pharmacy Student Loan Fund has been made by Cornwell Drug Stores, Inc. announced Jerry T. Norvell, Jr., President of the Morganton-based drug chain. With this contribution, the Cornwell fund is the second largest of the individual funds which make up the Consolidated Pharmacy Loan Fund.



**(Lilly Digest, Continued)**

Total prescription sales accounted for just under one half of the community pharmacy volume at 49.5 percent (down from 51.2 percent in 1978).

The cost of goods sold rose, and the gross margin dropped to a twenty-year low of 34.2 percent of sales (down from 34.7 percent in 1978). Total expenses increased slightly to the 1976 and 1977 level of 31.5 percent of sales (up 0.1 percent). The combined effect of these changes was an all-time low net profit figure (before taxes) of 2.7 percent of sales.

Total expenses rose both in dollars and as a percent of sales (\$16,983 and 0.1 percent respectively above the 1978 level). Similarly, employee wages increased in dollars and rose to 12.0 percent of sales, up 0.4 percent from the previous year. The average proprietor's salary also was higher in dollars (by \$1,618) but fell as a percent of sales from 6.9 to 6.4 percent. Net profit declined 0.6 percent from 3.3 to 2.7 percent of sales, down \$816 from the 1978 figure. This was the largest single-year decline in net profit percentage since 1966. Total income (proprietor's salary plus net profit, before taxes) increased in dollars but dropped sharply as a percent of sales, from 10.2 to 9.1 percent in 1979.

Although prescription inventory and merchandise inventory required more dollars, both declined percentage wise (from 12.0 to 11.8 and from 21.2 to 21.0 percent of sales respectively). The prescription department's sales productivity moved up to \$8.47 per stock dollar (1.3 percent higher), while other merchandise productivity rose to \$4.76 from \$4.71 (up 1.1 percent).

For the first time in the past decade, the share of new prescriptions (up 957) grew to over 50 percent of total prescriptions dispensed. Renewed prescriptions dispensed were 21 over last year's figure. As a result, total prescriptions dispensed continued a two-year growth trend and attained a record high of 27,891, a gain of 978 prescriptions. The average prescription charge rose to \$7.05 during 1979, up 48 cents (7.3 percent) over the 1978 figure of \$6.57.

**Comment:**

The GNP implicit price deflator, published by the Department of Commerce Bureau of Economic Analysis, which indicates the general price pressures retailers have faced in the overall operation of their businesses, may in part explain the sharp decline in gross margin and net profit before taxes. This index was 7.3 percent in 1978, rose to 8.8 percent in 1979, and is forecast to rise to 9.5 percent in 1980. This level of inflation suggests that retailers must devise means to accommodate product price increases rapidly in order to prevent a negative impact on their operating statements.

The following table summarizes the preliminary *Lilly Digest* report of the 1979 operating figures of 819 community pharmacies and compares these with the 1978 *Lilly Digest* averages from 1,556 pharmacies. The annual *Lilly Digest* will be completed and distributed in September, 1980.

**RIISING FUEL COSTS**

Prices for fuel continue to escalate at a more rapid rate than inflation. This will affect pharmacy in the pocketbook, not only because of higher overhead for heat, light and air-conditioning, but in reduced profits due to changes in shopping habits. Consumers will be making fewer trips to suburban malls, and will be doing more one-stop shopping at centers close to home. Comparison shopping will decline. Emphasis will be on "shop at home" techniques with catalogues and telephone promotion.

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Program participants in the Rogers Pharmacy Administration Award ceremonies. Left to right: Al Mebane, Susan L. Speir, Ralph P. Rogers, Jr., Dr. Jean P. Gagnon, and W. J. Smith. Photo by Colorcraft.

### **SUSAN SPEIR WINS RALPH P. ROGERS PHARMACY ADMINISTRATION AWARD**

Susan L. Speir was presented the Third Annual Ralph Peele Rogers Memorial Award at a banquet held in her honor at the Carolina Inn, Chapel Hill.

Miss Speir, a third-year student at the UNC-CH School of Pharmacy, was chosen on the basis of outstanding scholastic efforts in pharmacy administration, participation in class and through personal interviews. She is the daughter of Mr. and Mrs. M. T. Speir of Raleigh.

The Award is named in honor of the late Ralph P. Rogers, Sr., Durham, who served as

President of the North Carolina Pharmaceutical Association, as Director of the N. C. Pharmaceutical Research Foundation and as a leader in the religious life of his city. He operated Rogers Drug Company in Durham for more than fifty years.

Participating in the dinner program were Dr. Tom S. Miya, Dean of the UNC School of Pharmacy, Dr. Jean P. Gagnon, Head of the Division of Pharmacy Administration, UNC School of Pharmacy, W. J. Smith, Director Emeritus, N. C. Pharmaceutical Association, and Al Mebane, the current Executive Director, NCPHA, who presided.

Ralph P. Rogers, Jr. presented the award in memory of his father. Another son, James C. Rogers, also of Durham, and a daughter, Elizabeth Rogers Millar, were also present.

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Raleigh, N. C. 27612  
919-782-7025

## BIRTHS

Mr. & Mrs. Lewis N. Cooper, Jr. are the proud parents of a daughter born on March 9th. Margaret Lauren has a sister, Jessica, 20 months old. Lewis is a graduate of the UNC School of Pharmacy Class of 1972. He is employed by Medical Center Pharmacy of Pinehurst, N. C. Maternal grandfather, H. C. Reaves, Sr., owner of Medical Center Pharmacy, is a graduate of the UNC School of Pharmacy Class of 1936.

## IN MEMORIAM

Mrs. Nell Bolt Watson, 80, of Winston-Salem died May 3 at Winston-Salem Convalescent Center following an illness of several months. She came to Winston-Salem in the early 1920's and was married to Haywood P. Watson, who died September 4, 1945. At the time of his death, Mr. Watson was in partnership with the late Edward O'Hanlon in the Watson Wholesale Drug business. Mrs. Watson was a life member and past president of the Woman's Auxiliary of the North Carolina Pharmaceutical Association. Surviving are three sons, Haywood P. Watson and John T. Watson, both of Winston-Salem and Edward O. Watson of Delray Beach, Florida and five grandchildren.

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## KINSTON

The Lenoir-Greene Pharmaceutical Society held their monthly meeting May 14th, with Mr. C. B. "Benny" Ridout as the guest speaker. Mr. Ridout gave an update on the Medicaid program, answered questions, and cleared up misconceptions about the program. The Society also decided to undertake the "Vial of Life" as a project.

*Reported by Rob Bizzell*

1980 Centennial stories and pictures will appear in the June issue of the *Carolina Journal of Pharmacy*.

## OXFORD

Charles E. Creech has become a partner in Williams Drug Store, Oxford. This announcement was made recently by the other two partners in the firm, L. R. Creech, Sr., and William T. Dement.

## HAYESVILLE

Ray's Pharmacy in Hayesville was destroyed by a fire of unknown origin in late February. Owned by Darryl Stover of Blairsville and Randy Bland of Aiken, SC, the damage was listed as over \$250,000.

## ASHEVILLE

Asheville pharmacist William F. Horton was elected chairman of the Buncombe County Board of Health for a one-year term, it was recently announced.

## SOUTHERN PINES

Sue Hudson, director of Pharmacy, McCain Hospital, has been selected to be included in the 1980-81 edition of Who's Who in the South and Southwest. Selection for inclusion is based on "an endeavor to list those individuals who are of current national reference interest and inquiry either because of meritorious achievement in some reputable field of endeavor, or because of the positions they hold," a concept first articulated by Albert N. Marquis, in 1898, the founder and publisher of Who's Who in America.

## THOMASVILLE

Medical Arts Pharmacy has been sold by Hubert Coffee and Howard Creech to Larry G. Hill and Everett Grayson, owners of Archdale Pharmacy. The store was opened by Coffee and C. G. Fisher in 1959.

## CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

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# THE CAROLINA JOURNAL of PHARMACY

NUMBER 6

VOLUME 60

JUNE 1980



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From the Centennial Convention

NCPHA President Jack G. Watts (right) receives the National Association of Retail Druggists Leadership Award from NCPHA Executive Director Al Mebane, standing in for Jesse M. Pike.

(Photo by Colorcraft)

1923  
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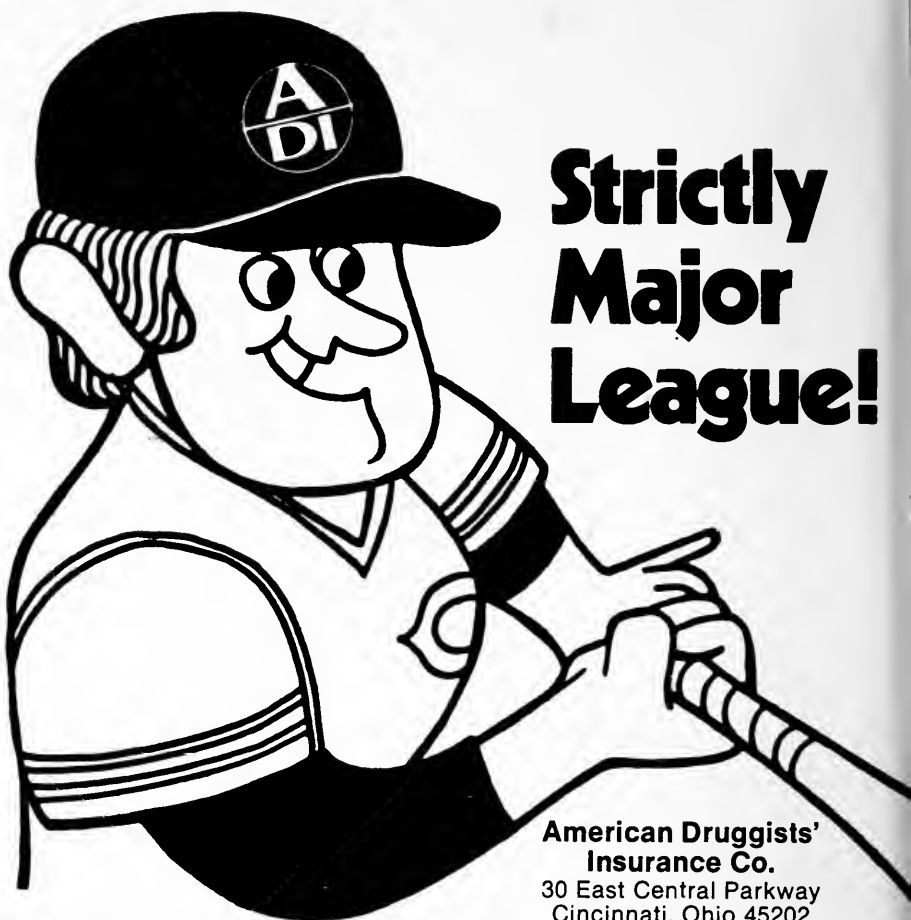
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# THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

JUNE 1980

VOLUME 59

NUMBER 6

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## THE WATTS LINE

Dear Fellow Pharmacist:

### ARE YOU INTERESTED IN PEOPLE?

Have you ever stopped and studied the technique of your pet dog? When you go home tonight, note that when you get within ten feet of him he will begin to wag his tail. If you stop and pat him, he will almost jump out of his skin to show you how much he likes you. And you know behind this show of appreciation on his part there are no ulterior motives. He is not trying to sell you something, or even fixing to ask you for a favor.

What can you learn from this dog? Isn't it a genuine interest in people? People are not interested in you. They are not interested in me. It is the hardest thing in the world to sell yourself to people. Why? It is simply because people are interested in themselves.

"You can make more friends in two months by becoming interested in other people than you can in two years by trying to get other people interested in you." This is a quote from Dale Carnegie, but if you will stop and ponder this statement a minute, you will thoroughly agree with him.

Why should your patients be interested in you if you are not interested in them? If you want to succeed in your Pharmacy, you must have a genuine interest in the people that come into your Pharmacy each and every day.

The following statement from a psychologist, expresses a significant thought along this line: "It is the individual who is not interested in his fellowmen who has the greatest difficulties in life and provides the greatest injury to others. It is from among such individuals that all human failures spring."

If you want to make good friends and better patients/customers, and certainly your business is based to an extent on your ability along this line, set out to do things for other people—things that require some time, energy, unselfishness and thoughtfulness.

When you think back over your week's work, while driving home or maybe while enjoying a cup of coffee, stop and think a moment of some of the things you did for somebody this week—. Perhaps it was just an encouraging word, a smile, a handshake. Then think of some of the opportunities for these kinds of things that you let slip by.

Resolve here and now that from now on you are going to give more time to cultivating that friendly interest in others. It will pay you! Greet people with animation and enthusiasm. When you know an interest in others, they will become interested in you. I am not afraid to say that you will see new faces in your Pharmacy, through recommendations to their friends and through the better personality you yourself will have built.

We are all learners. You don't know how a thing will work for you until you try it. So, promise me you will give this unselfish interest idea a trial at once. Forget what you expect to get out of it from a remunerative standpoint—do it for the genuine pleasure and appreciation you will see written on the faces of your patients/customers.

Try it—I'll bet you—it works!



**Jack G. Watts**  
**President, NCPHA**

# PHARMACY PRACTICE ACT

*Proposed Revision*

**APRIL 1980**

*(Editor's note: This draft of the Revised Practice Act will be presented to pharmacists across the state for their comments, criticisms and input this summer and fall. The bill will be presented for passage in the 1981 session of the North Carolina General Assembly. The bill printed here represents over two years of work by the committee listed below. It may be changed depending on the consensus of the North Carolina pharmacists who review it. Any and all input will be considered, since it will be the responsibility of the North Carolina Pharmaceutical Association to lobby for the passage of this legislation.)*

## A BILL TO BE ENTITLED AN ACT TO REGULATE THE PRACTICE OF PHARMACY.

*The General Assembly of North Carolina enacts:*

### Section 1. Part 1 of Article 4 of Chapter 90 of the General Statutes is hereby rewritten as follows:

#### "Article 4."

#### North Carolina Pharmacy Practice Act

§ 90-53 **Legislative findings**—The General Assembly of North Carolina finds that mandatory licensure of all who engage in the practice of pharmacy is necessary to insure minimum standards of competency and protect the public from those who might otherwise present a danger to the public health, safety and welfare.

#### § 90-54 **Definitions**

(a) "Administering" means giving a dosage unit of a drug to a patient.

(b) "Board" means the North Carolina Board of Pharmacy.

(c) "Compounding" means taking two or more ingredients and combining them into a dosage form of a drug exclusive, however, of compounding by a drug manufacturer, distributor, or packer.

(d) "Deliver" means the actual, constructive or attempted transfer of a drug or device from one person to another.

(e) "Device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component part or accessory, that is required by law to be dispensed only pursuant to a prescription order.

(f) "Dispense" means preparing and packaging a prescription drug or device in a container and labeling the container with information required by state and federal law. Filling or refilling drug containers with prescription drugs for subsequent use by a patient is "dispensing." Providing quantities of unit dose prescription drugs for subsequent administration is "dispensing."

(g) "Drug" means:

(i) any article recognized as a drug in the United States Pharmacopoeia, or in any other drug compendium or any supplement thereto, or an article recognized as a drug by the United States Food and Drug Administration;

(ii) any article, other than food or devices, intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals;

(iii) any article, other than food or devices, intended to effect the structure or any function of the body of man or other animals; and,

(iv) any article intended for use as a component of any articles specified in clause (i), (ii), or (iii) of this subsection.

(h) "Emancipated minor" means any person under the age of 18 who is or has been married or who is or has been a parent; or

*(Continued on Page 7)*

# Your counter-side manner counts.

Sure, you're busy. But you take time for those who want to see you. Mrs. Osgood with her first prescription for an antidepressant. Jack Leland with a problem he's embarrassed about. The Williams youngster with asthma. Time out that's time well spent. With your patients. Your neighbors. They count on the counsel and reassurance you can give. That counter-side manner that makes you so much more than just another businessman in town.

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**(Pharmacy Practice Act, Continued)**

whose parents or guardians have surrendered their rights to the minor's services and earnings as well as their right to custody and control of the minor's person; or who has been emancipated by an appropriate court order.

(i) "Health care provider" means any licensed health care professional and any agent or employee of any health care institution, health care insurer, health care professional school, or a member of any allied health profession. For purposes of this Article, a person enrolled in a program to prepare him to be a licensed health care professional or an allied health professional shall be deemed a health care provider. The spouse of a health care provider shall be considered a health care provider and any person with a significant financial interest in the pharmacy profession shall be considered a health care provider.

(j) "Label" means a display of written, printed or graphic matter upon the immediate or outside container of any drug.

(k) "Labeling" means preparing and affixing a label to any drug container, exclusive, however of labeling by a manufacturer, packer or distributor of a nonprescription drug or a commercially packaged prescription drug or device.

(l) "License" means a license to practice pharmacy including a renewal thereof issued by the Board.

(m) "Permit" means a permit to operate a pharmacy or dispense devices, including a renewal thereof issued by the Board.

(n) "Person" means an individual, corporation, partnership, association, unit of government, or other legal entity.

(o) "Person *in loco parentis*" means the person who has assumed parental responsibilities for a child.

(p) "Pharmacist" means a person licensed under this Article to practice pharmacy.

(q) "Pharmacy" means any place where prescription drugs or devices are dispensed or compounded.

(r) "Practice of pharmacy" means interpreting and evaluating drug orders including prescription orders; compounding, dispensing and labeling prescription drugs and devices; properly and safely storing drugs and devices; maintaining proper records; and offering or performing those professional acts, services,

operations, or transactions necessary in conducting, operating, managing, and controlling pharmacy services. A pharmacist may advise and educate patients and health care providers concerning therapeutic values, content, uses and significant problems of drugs and devices; assess, record, and report adverse drug and device reactions; administer drugs; take, record, and report patient histories; monitor, record, and report drug therapy and device usage; prescribe drugs in accordance with § 90-63; order medications, tests, and treatments in accordance with § 90-63.1; perform drug utilization reviews; and participate in drug and device prescribing, drug and drug source selection and device and device source selection.

(s) "Prescription drug" means a drug that under federal law is required, prior to being dispensed or delivered, to be labeled with either of the following statements: (1) "Caution: Federal law prohibits dispensing without prescription"; or (2) "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian"; or a drug that is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use or dispensing by a physician, dentist, veterinarian, or other practitioner permitted by law to prescribe or dispense such drug.

(t) "Prescription order" means a written or verbal order for a prescription drug, prescription device, or pharmaceutical service from a person authorized by law to prescribe such drug, device, or service. A prescription order includes an order entered in a chart or other medical record of a patient.

(u) "Supervision" means that the pharmacist reviews the dispensed product before such product is delivered to the patient or person acting on the patient's behalf.

(v) "Unit dose medication system" means a system in which each dose of medication is individually packaged in a properly sealed and properly labeled container.

## **§ 90-55 Board of Pharmacy: Creation; Membership; Qualification of Members.**

(a) Creation. The responsibility for enforcing the provisions of this Article and the laws pertaining to the distribution and use of drugs is hereby vested in the Board. The Board shall

*(Continued on Page 9)*

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ABOUT HIS  
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**(Pharmacy Practice Act, Continued)**

adopt reasonable rules for the proper enforcement of its responsibilities. The Board shall have all the duties, powers, and authorities specifically granted by and necessary to the enforcement of this Article, as well as such other duties, powers, and authorities that may be granted from time to time by other appropriate statutes.

(b) **Membership**—The Board shall consist of six members, one of whom shall be a representative of the public, and the remainder of whom shall be licensed pharmacists.

(c) **Qualifications**—The public member of the Board shall not be a health care provider. He shall be a resident of this state at the time of his appointment and while serving as a Board member. The pharmacist members of the Board shall be residents of this state at the time of their appointment and while serving as Board members.

**§ 90-55.1 Board of Pharmacy; Selection; Vacancies; Commission; Term; Removal.**

(a) **Selection.** An election each year to choose persons to fill vacancies for any cause of pharmacist members of the Board shall be conducted by the North Carolina Pharmaceutical Association or its successor. Every pharmacist with a current North Carolina license who resides in North Carolina shall be eligible to vote in all elections. The holding of such license shall constitute registration for that election. Nominations of candidates for election shall be made to the North Carolina Pharmaceutical Association by written petition signed by not less than ten pharmacists licensed to practice in and residing in North Carolina. The nominations shall be filed with the Association after January 1 of the year in which the election is to be held and not later than midnight of the first day of April of such year. The Association shall, before preparing the ballots, notify all persons who have been duly nominated by their nomination. The Association shall mail a ballot to every eligible voter. The Board shall reimburse the Association for all mailing expenses.

The public member of the Board may be recommended to the Governor by any individual citizen or group in the State. The Governor shall select the public member of the Board.

(b) The Governor shall fill all unexpired vacancies on the Board within 30 days after

said term is vacated by appointment from the recommendations of the Board. Such appointees shall serve until their successors have been duly elected or appointed and qualified.

(c) **Commission**—All board members upon their election or appointment shall be commissioned by the Governor.

(d) **Term**—Pharmacist board members shall be appointed for a term of five years. The public member shall be appointed for a term of four years.

(e) **Removal**—The Board may remove any of its members for cause in accordance with the procedures outlined in Chapter 150A of the General Statutes.

**§ 90-55.2 Organization**—The Board shall elect from its members a president, vice-president, and such other officers as it deems necessary. The officers shall serve one year terms and until their successors have been elected and qualified.

**§ 90-55.3 Meetings**—The Board shall meet at least annually for the purpose of administering an examination and conducting other business. Four Board members constitute a quorum. The Board shall keep a record of its proceedings, a register of all licensed persons, and a register of all persons to whom pharmacy permits have been issued. The Board shall annually make a written summary of its proceedings to the Governor and the presiding officers of each house of the General Assembly.

**§ 90-55.4 Employees; Executive Director**—The Board shall employ as Executive Director a pharmacist to serve as a full-time employee of the Board. The Executive Director shall serve as Secretary and Treasurer to the Board and shall perform regular administrative functions as authorized by the Board. The Board shall have the authority to employ such other personnel as it may deem necessary to carry out the duties of this article.

**§ 90-55.5 Compensation**—The Board shall determine the compensation of all persons it employs. Employees shall be reimbursed for all necessary expenses incurred in connection with the performance of their official duties.

**§ 90-55.6 Executive Director to make investigations and prosecute**—Upon information that any provision of this Article has

*(Continued on Page 11)*

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**(Pharmacy Practice Act, Continued)**

been or is being violated by any person, the Executive Director shall promptly investigate such matters, and upon probable cause appearing, may file a complaint and prosecute the offender. In all prosecutions of unlicensed persons for the violation of any of the provisions of this Article, a certificate under oath by the Executive Director shall be competent and admissible as evidence in any court of this State that the person so charged with the violation of this Article is not licensed, as required by law.

**§ 90-557. Fees collectible by the Board:**

**Grants**—The Board shall be entitled to set reasonable fees for permits, licensure, licensure renewal, permit renewal, examinations, and reexaminations, as it deems necessary for carrying out the purposes of this Article. The Board may receive and expend funds from any person.

**§ 90-56. Approval of schools and colleges of pharmacy**—

The Board shall grant approval to schools and colleges of pharmacy upon a finding that students successfully completing the course of study offered by the school or college can reasonably be expected to practice pharmacy safely and properly.

**§ 90-56.1 Practical experience program**—

The Board shall issue regulations governing the practical experience program. Those regulations shall be designed to assure that the person successfully completing the program will have gained practical experience that will enable him to safely and properly practice pharmacy.

**§ 90-56.2 Application and examination for licensure as a pharmacist: Prerequisites**—

Any person who desires to be licensed as a pharmacist shall file an application with the Executive Director on the form furnished by the Board, duly verified under oath, setting forth the applicant's name, age, the place at which and the time that he has spent in the study of pharmacy, and his experience in compounding and dispensing prescriptions under the supervision of a pharmacist. The applicant shall also appear at a time and place designated by the Board and submit to an examination as to his qualifications for licensure. The applicant must demonstrate to the Board his physical and mental competency to practice pharmacy.

All applicants shall have received an undergraduate degree from a school of pharmacy approved by the Board. Applicants shall be required to have had up to one year's experience approved by the Board under the supervision of a pharmacist and shall pass satisfactorily the required examination by the Board. Upon complying with these requirements and upon paying the specified fee, the applicant shall be licensed.

**§ 90-56.3 Examination**—The licensure examination shall be given by the Board at least once each year. The Board shall determine the subject matter of each examination and the place, time and date for administering the examination. The Board shall also determine which persons have successfully passed the examination. The examination and the passing grade shall be designed to determine which applicants can reasonably be expected to safely and properly practice pharmacy.

**§ 90-56.4 Licensure renewal**—

Each license to practice pharmacy shall expire on the licensee's birthday and shall be renewed annually no earlier than thirty days before it expires by filing with the Board on a form furnished by the Board an application for licensure renewal accompanied by the required fee. It shall be unlawful to practice pharmacy without renewing the license within sixty days after the license expires. All licensees must give the Board notice of a change of mailing address or a change of employers within thirty days of such change. The Board may require licensees to obtain continuing education from Board approved providers as a condition of license renewal.

**§ 90-56.5 Approval of continuing education programs**—

The Board shall grant approval to providers of continuing education programs upon a finding that the provider is competent to and does offer an educational experience designed to enable those who successfully complete the program to more safely and properly practice pharmacy.

**§ 90-56.6 Reinstatement**—Whenever a pharmacist who has not renewed his license for five or more years desires to renew or reinstate his license to practice pharmacy, he must appear before the Board and submit evi-

*(Continued on Page 13)*

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**(Pharmacy Practice Act, Continued)**

dence that he can safely and properly practice pharmacy.

**§ 90-56.7 Licensure without examination**—The Board may issue a probationary license to practice pharmacy in this State for a period of no less than one year, without examination, to any person who is licensed as a pharmacist in another jurisdiction if the applicant shall present satisfactory evidence of possessing the same qualifications as are required of licensees in this State, that he was licensed by examination in such other jurisdiction, and, that the standard of competence required by such other jurisdiction is substantially equivalent to that of this State. The Board may issue a regular license to the applicant upon finding that the applicant is qualified to practice pharmacy and has legally and safely practiced pharmacy in North Carolina for the one-year probationary period.

An applicant who has taken and failed to pass an examination for licensure in North Carolina shall not be granted reciprocal licensure in this state until having completed at least five years of the practice of pharmacy in some other state.

**§ 90-57 Pharmacy permit**

(a) In accordance with Board regulations, each pharmacy in North Carolina shall annually register with the Board on a form provided by the Board. The application shall identify the pharmacist manager of the pharmacy and all pharmacist personnel employed in the pharmacy. All pharmacist managers shall notify the Board of any change in pharmacist personnel within thirty days of such change.

**§ 90-58 Devices: Registration**—Each place where devices are dispensed shall register annually with the Board on a form provided by the Board; provided, this section shall not apply to places with current pharmacy permits.

**§ 90-58.1 License/Permit to be displayed**—Every pharmacist manager's license, every permit, and every current renewal thereof shall be conspicuously posted in the place of business where the person to whom it is issued is the owner or in which he is employed. The licenses and every last re-

newal of all other pharmacists employed in the pharmacy must be readily available for inspection by agents of the Board. Failure to display such license or permit and the most recent renewal thereof shall be a violation of this Article and each day that such license or permit or renewal thereof is not displayed shall be a separate and distinct offense.

**§ 90-58.2 Notices to be posted**—The names and addresses of the persons who own twenty-five per cent or more of each pharmacy must be posted in a conspicuous place in the pharmacy.

**§ 90-59 Disaster reports**—The pharmacist in charge of the pharmacy shall report immediately to the Board any disaster, accident, theft, or emergency which may effect the strength, purity, or labeling of drugs and devices in the pharmacy.

**§ 90-60 Prescription orders preserved**—Every pharmacist manager of a pharmacy shall maintain for at least three years a suitable file containing the original of every prescription order and refill compounded or dispensed at such pharmacy except for prescription orders recorded in a patient's medical record.

**§ 90-61 Filling/Refilling regulations**—The Board may promulgate rules governing the filling and refilling of prescription orders not inconsistent with other provisions of law regarding the distribution of drugs and devices. Such regulations shall assure the safe and secure distribution of drugs and devices.

**§ 90-61.1 Unit dose medication systems**—The Board shall adopt regulations governing unit dose medication systems. Such regulations shall ensure that the medications are controlled so that patients receive the drug prescribed at the time prescribed, in the form prescribed, by the route prescribed. The regulations shall ensure the safe and proper distribution of drugs in the patient's best health interests.

**§ 90-61.2 Unique pharmacy practice**—Consistent with the provisions of this Article, the Board may regulate unique pharmacy practices including, but not limited to, nuclear pharmacy and clinical pharmacy to ensure the best interests of patient health and safety.

*(Continued on Page 15)*

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**(Pharmacy Practice Act, Continued)**

**§ 90-62 Availability of patient records**—Pharmacists employed by health care providers shall have access to patient records maintained by those providers when necessary for the pharmacist to provide pharmaceutical services. The pharmacist shall make appropriate entries in patient records.

**§ 90-62.1 Availability of pharmacy records**

(a) Except as provided in subsections (b) and (c) below, written prescription orders on file in a pharmacy are not public records and any person having custody of or access to such prescription orders may divulge the contents thereof or provide a copy thereof only to the following persons:

- (1) an adult patient for whom the prescription order was issued or a person who is the legally appointed guardian of that patient;
- (2) an emancipated minor patient for whom the prescription order was issued or a person who is the legally appointed guardian of that patient;
- (3) an emancipated minor patient for whom the prescription order was issued when the minor's consent is sufficient to authorize treatment of the condition for which the prescription was issued;
- (4) a parent or person in loco parentis of an unemancipated minor patient for whom the prescription order was issued when the minor's consent is not sufficient to authorize treatment for the condition for which the prescription is issued;
- (5) the duly licensed practitioner who issued the prescription;
- (6) the duly licensed practitioner who is treating the patient for whom the prescription was issued;
- (7) a pharmacist who is providing pharmacy services to the patient for whom the order was issued;
- (8) anyone who presents a written authorization for the release of pharmacy information signed by the patient or his legal representative;
- (9) any person duly authorized by subpoena or court order;
- (10) any firm, association, partnership,

business trust, corporation or company charged by law or by contract with the responsibility of providing for or paying for medical care for the patient for whom the prescription order was issued;

- (11) a member or designated employee of the Board;
- (12) the executor, administrator, spouse, or other family member of a deceased patient for whom the prescription order was issued; and,
- (13) researchers and surveyors who have approval from the Board. The Board shall issue this approval when it determines that there are adequate safeguards to protect the confidentiality of the information contained in the prescription orders and that the researchers or surveyors will not publicly disclose any information that identifies any person.

(b) A pharmacist may disclose any information to any person when he reasonably determines that the disclosure is necessary to protect the life or health of any person.

(c) Records required to be kept by G.S. § 90-93 are not public records and may be disclosed at the pharmacist's discretion.

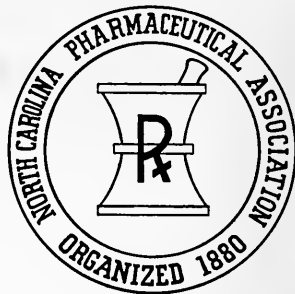
**§ 90-63 Pharmacists prescribing drugs**—Pharmacists are authorized to write prescriptions for drugs or devices under the following conditions:

- (1) The Board of Medical Examiners and Board of Pharmacy shall jointly adopt one set of regulations governing the approval of individual pharmacists to write prescriptions with such limitations as the boards may determine to be in the best interest of patient health and safety;
- (2) The pharmacist has current approval to prescribe drugs from the Board of Pharmacy; and
- (3) The Board of Pharmacy has assigned an identification number to the pharmacist which is shown on the written prescription.

**§ 90-63.1 Pharmacists to order medications, tests, and treatments**—Pharmacists are authorized to order medications, tests and treatments in any health care facility includ-

*(Continued on Page 17)*

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**(Pharmacy Practice Act, Continued)**

ing a pharmacy under the following conditions:

- (1) The Board of Medical Examiners and the Board of Pharmacy shall jointly adopt one set of regulations governing the approval of individual pharmacists to order medications, tests and treatments with such limitations as the boards may determine to be in the best interest of patient health and safety; and
- (2) The pharmacist has current approval from the Board of Pharmacy to order medications, tests, and treatments.

Nurses and other health care providers who receive an order from a pharmacist authorized by the Board of Pharmacy to order medications, tests, or treatments are authorized to carry out that order in the same manner as if it were received from a licensed physician.

**§ 90-64 Embargo**—Notwithstanding any other provision of law, whenever a duly authorized Board representative has reasonable cause to believe that any drug or device presents a danger to the public health, he shall affix to such drug or device a notice that such article is suspected of being dangerous to the public health and warning all persons not to remove or dispose of such article. Whenever a duly authorized Board representative has reasonable cause to believe that any drug or device presents a danger to the public health and that there are reasonable grounds to believe that it might be disposed of pending a judicial resolution of the matter, he shall seize the article and take it to a safe and secure place. When an article has been embargoed under this section, the Board shall as soon as practical petition the judge of the Orange County district court for a condemnation order for such article. If the judge determines that the article is not dangerous to the public health, the Board shall direct the immediate removal of the tag or other marking, and, where appropriate, order that it be returned to its owner. If the judge finds the article is dangerous to the public health, he shall order its destruction at the owner's expense and under the Board's supervision. If he determines that the article is dangerous to the public health, the judge shall order the owner of

the article to pay all court costs, reasonable attorney's fees, storage fees, and all other costs incident to the proceeding.

**§ 90-65. Disciplinary authority**—The Board may, in accordance with the procedures of Chapter 150A of the General Statutes, issue a letter of reprimand, or suspend, restrict, revoke, or refuse to grant or renew a license to practice pharmacy, or require licensees to successfully complete remedial education if the licensee has:

- (1) made false representations or withheld material information in connection with securing a license or permit;
- (2) been found guilty of or plead guilty or nolo contendere to any felony in connection with the practice of pharmacy or the distribution of drugs;
- (3) indulged in the use of drugs to an extent that renders him unfit to practice pharmacy;
- (4) made false representations in connection with the practice of pharmacy that endanger or are likely to endanger the health or safety of the public, or that defraud any person;
- (5) committed gross immorality or an act that is evidence of moral turpitude;
- (6) a physical or mental disability that renders him unfit to practice pharmacy with reasonable skill, competence and safety to the public;
- (7) failed to comply with the laws governing the practice of pharmacy and the distribution of drugs;
- (8) failed to comply with the rules and regulations of the Board;
- (9) engaged in or aided and abetted an individual to engage in the practice of pharmacy without a license;
- (10) failed to practice pharmacy in accordance with the standard of practice of the pharmacy profession in this State at the time of the actions in question.

(b) The Board, in accordance with the procedures of Chapter 150A of the General Statutes, may suspend, revoke, or refuse to grant or renew any permit for the same conduct as stated in subsection (a).

(c) Any license or permit obtained through false representation or withholding of material information shall be void and of no effect.

*(Continued on Page 19)*

# THERE IS A WORD THAT DESCRIBES A PERSON'S OUTLOOK, STATE OF MIND OR OPINION, REGARDING ANY SPECIFIC ISSUE...

## ATTITUDE.

We have all heard the phrase "he has a bad **attitude**" ... and maybe "he" does, but just because one's opinion is different from ours does it mean his attitude is bad?

Surely a "good **attitude**" person is more responsive and knowledgeable about changes going on around him. His insight, depth and willingness to listen and respond are valuable traits in adjusting to change ... but to see changes taking place and say nothing ... to witness government intervention and regulation without reacting ... to

be the brunt of change in professionalism and yet stand motionless ... these are not caused by people with good or bad attitudes, but by "no **attitude**" people ... and they are the worst kind! What kind are you?

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**(Pharmacy Practice Act, Continued)**

**§ 90-65.1 Injunctive authority**—The Board may apply to the superior court of Orange County for an injunction to prevent violations of this Article or of any rules enacted pursuant thereto. This court is empowered to grant such injunctions regardless of whether criminal prosecution or other action has been or may be instituted as a result of such violation.

**§ 90-65.2 Violations**

(a) It shall be unlawful for any owner or manager of a pharmacy or other place to allow or cause anyone other than a licensed pharmacist to dispense or compound any prescription drug or device except as an aide to and under supervision of a licensed pharmacist.

(b) Every person lawfully authorized to compound or dispense prescription drugs or devices shall comply with all the laws and regulations governing the labeling and packaging of such drugs or devices by pharmacists.

(c) It shall be unlawful for any person not licensed as a pharmacist to compound or dispense any prescription drug or device, except as an aide to and under the supervision of a pharmacist.

(d) It shall be unlawful for any person to manage any place of business where devices are dispensed or sold at retail without a permit as required by this Article.

(e) It shall be unlawful for any person without legal authorization to dispose of an article that has been embargoed under this Article.

(f) It shall be unlawful to violate any provision of this Article or of any rules or regulations enacted pursuant thereto.

(g) This section shall not be construed to prohibit any person from performing an act that person is authorized to perform pursuant to North Carolina law.

(h) A violation of this Article shall be a misdemeanor punishable in the discretion of the court.

**§ 90-66 Board member/employee immune from suit**—Except as provided by federal

law, any person shall be immune from personal civil liability from any suit arising out of activities performed while that person was a Board member or employee of the Board as long as those activities were within the scope of the person's duties.

**§ 90-67 Reports; Immunity from suit**—Any person who has reasonable cause to suspect misconduct or incapacity of a licensee or of one who holds a pharmacy or device permit and any person who has reasonable cause to suspect that another person is in violation of this Article should report the relevant facts to the Board. Anyone who makes a report to the Board concerning another person or who testifies before the Board concerning another person shall be immune from any liability that might otherwise be incurred from such report or testimony.

**§ 90-68 Article not grounds for civil liability**—The violation of any provision of this Article by a pharmacist shall not constitute grounds for civil liability.

**§ 90-69 Patients guaranteed freedom of choice**—No person shall refuse to reimburse the recipients of its aid for service otherwise reimbursable if that refusal is based solely on the grounds that those services were rendered by a pharmacist, provided those services are within the scope of the practice of pharmacy as defined in this Article. No person shall deny the recipients or beneficiaries of its aid or services the freedom to choose a pharmacist to provide services that are within the scope of the practice of the profession of pharmacy as defined in this Article.

Section 2. The terms of the current members of the Board of Pharmacy shall expire at the times that they would have had this Article not been enacted. The Governor shall appoint a representative of the public to the Board on the effective date of this Article.

Section 3. Part 2 of Article 4 of Chapter 90 of the General Statutes is hereby repealed.

Section 4. This act shall become effective on July 1, 1981.

**THE COMMITTEE TO REVISE THE PHARMACY PRACTICE ACT**

William H. Randall, Jr.—*Chairman*

Fred M. Eckel—*Vice Chairman*

William R. Adams, Jr.

Ernest J. Rabil

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W. Whitaker Moose, *Alternate*

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919-782-7025



## THE PROPOSED REVISION OF THE NORTH CAROLINA PHARMACY PRACTICE ACT

*Patrice Solberg, J.D.*

In 1977, the North Carolina General Assembly enacted legislation creating the Governmental Evaluation (Sunset) Commission. The Commission was charged with surveying over 100 state regulatory programs. The North Carolina Pharmacy Practice Act, along with several other health care professional licensing laws, was scheduled to undergo review in 1981. In anticipation of the Sunset Commission activities, a committee consisting of members of the North Carolina Board of Pharmacy and of other pharmacists representing the different aspects of pharmacy practice was formed to review the state pharmacy laws and prepare a proposed revision of those laws. Most of these statutes had not been substantially amended since 1905 and the members of the committee soon agreed that a comprehensive revision was badly needed. The committee has prepared a proposed revision of these laws and plans to present that revision to pharmacists across North Carolina in a series of local meetings. Input from these pharmacists will be used to prepare a final draft of the bill to be introduced in the 1981 legislature. This article will describe the significant provisions of the bill proposed by the committee. As mentioned above, the bill may be revised after the committee receives input from pharmacists across the state.

### **The Licensing Agency**

The proposal provides for the North Carolina Board of Pharmacy to be the state's pharmacist licensing agency. The Board would consist of five resident pharmacists elected by licensed pharmacists who reside in North Carolina and one consumer appointed by the Governor. The pharmacist members would serve five year staggered terms and the consumer member would serve a four year term. The Board could remove its members for cause.

### **Licensure, Renewal, Reciprocity**

Applicants for licensure must have graduated from a Board approved school of pharmacy, have completed one year's practi-

cal experience in a program approved by the Board, and successfully complete an examination as to their qualifications.

A licensee would be required to renew his license annually within thirty days of his birthday. The Board may require licensees to obtain continuing education from Board approved course providers as a condition of licensure renewal. If a pharmacist has not renewed his license for five years and wishes to be reinstated, he must submit evidence to the Board that he can safely and properly practice pharmacy.

Reciprocal licensure would be available to any licensed pharmacist who presents evidence that he possesses the same qualifications as are required of North Carolina licensees, that he was licensed by examination in his home state, and that the standard of competence required of pharmacists in his home state is substantially equivalent to that of his state. Applicants who have failed to pass an examination for licensure in North Carolina must complete at least five years in the practice of pharmacy in some other state before being granted reciprocal licensure in this state. The bill retains the one year probationary period applicable to pharmacists licensed by reciprocity.

### **Permits, Registration**

In addition to requiring persons who practice pharmacy to be licensed, the proposal requires each pharmacy and each place where devices are dispensed to register with the Board. "Device" would be defined as an "instrument, apparatus, implement, machine . . . required by law to be dispensed only pursuant to a prescription order." The pharmacist manager's permit must be conspicuously posted in the pharmacy and the licenses of other pharmacists employed in the pharmacy must be available for inspection by agents of the Board.

### **Consumer Protection Provision**

The proposal contains, several new provisions to improve consumer awareness of  
*(Continued on Page 25)*

# THE SOLBERG HEALTH LAW LETTER

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The author of the **Solberg Health Law Letter**, Patrice Solberg, is a former faculty member of the Institute of Government and has published over twenty articles and texts in the health law area, including the *North Carolina Hospital Law Manual*, soon to be released by the Institute of Government. Thousands of health care professionals from across the state have attended her classes on health law. Her legislative assignments at the Institute of Government included drafting the proposed pharmacy practice act and the proposed nursing practice act. She teaches a course on medicine and law at the University of North Carolina Medical School and is a partner in the Chapel Hill law firm of Beemer, Streit, and Solberg, P.A.

To receive your copy of the **Solberg Health Law Letter**, mail the coupon below to Patrice Solberg Enterprises, P. O. Box 3251, Chapel Hill, N. C. 27514 or call Patrice Solberg at (919) 929-0391.

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**(Practice Act Review, Continued)**

pharmaceutical services and to enhance those services. One provision requires the names and addresses of persons who own 25% or more of each pharmacy to be posted in a conspicuous place in the pharmacy. Another provision requires pharmacists to report immediately to the Board any disaster, accident, theft or emergency that may effect the drugs or devices in the pharmacy. The Board would be given power to embargo any drug or device that endangers the public health, and in specified instances to seize dangerous drugs and devices.

The Board would be able to invoke many types of disciplinary action when necessary including issuing a letter of reprimand or revoking, suspending, or restricting a license or permit. The Board could also require licensees to successfully complete remedial education. Among the grounds for disciplinary action are making false representations in connection with the practice of pharmacy and failing to practice pharmacy in accordance with the standard of practice of North Carolina pharmacists.

To encourage people to report misconduct or incapacity of persons regulated by the pharmacy laws, the proposal provides that people who make a report to the Board concerning a licensee or permit-holder will be immune from liability that might otherwise be incurred from the report.

Another provision designed to protect consumers is the section that sets out the persons who may be given access to pharmacy patient records. For example, prescriptions would be available to the health care provider who issued the prescription, but not the police.

**Scope of Practice**

The proposal significantly expands the role of the North Carolina pharmacist in order to more effectively use training and experience. The bill defines the "practice of pharmacy" as:

"interpreting and evaluating drug orders including prescription orders; compounding, dispensing and labeling prescription drugs and devices; properly and safely storing drugs and devices; maintaining proper records; and offering or performing those professional acts, services, operations, or transactions necessary in conducting, operating, managing, and

controlling pharmacy services. A pharmacist may advise and educate patients and health care providers concerning therapeutic values, content, uses and significant problems of drugs and devices; assess, record, and report adverse drug and device reactions; administer drugs; take, record, and report patient histories; monitor, record, and report drug therapy and device usage; prescribe drugs in accordance with G.S. 90-63; order medications, tests, and treatments in accordance with G.S. 90-63.1; perform drug utilization reviews; and participate in drug and device prescribing, drug and drug source selection and device and device source selection."

G.S. 90-63, mentioned in the definition, authorizes pharmacists to write prescriptions for drugs or devices under the following conditions:

1. The Board of Medical Examiners and the Board of Pharmacy must adopt regulations governing the approval of individual pharmacists to write prescriptions;

*(Continued on next Page)*

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### (Practice Act Review, Continued)

2. The pharmacist must be approved to write prescriptions by the Board of Pharmacy; and,

3. The Board of Pharmacy assigns an identification number to the pharmacist and the number is shown on the prescription.

Pharmacists would be able to order medications, treatments, and tests under the following conditions:

1. The Board of Medical Examiners and the Board of Pharmacy must jointly adopt regulations governing the approval of pharmacists for this function; and,

2. The pharmacist has approval from the Board of Pharmacy to carry out this function.

In addition to granting the pharmacist authority to exercise these additional functions, the proposal provides that pharmacists employed by health care providers may have access to patient records when necessary to provide pharmaceutical services and that the pharmacist will make appropriate entries in the patient records.

### Pharmacist Reimbursement

To insure that pharmacists will be reimbursed by third party payors for the services rendered within the newly defined practice of pharmacy, the proposal prohibits persons from refusing to reimburse pharmacists for services otherwise reimbursable solely on the grounds that a pharmacist provided the services. Also, because of confusion concerning reimbursement for providing unit dose medication system services, the bill defines a "unit dose medication system" and authorizes the Board to adopt regulations governing these systems. "Providing quantities of unit dose prescription drugs for subsequent administration" is included in the definition of "dispensing" and therefore is part of the "practice of pharmacy."

### Role of Nonpharmacists in the Practice of Pharmacy

To resolve existing confusion concerning the role of nonpharmacists, the bill provides that a nonpharmacist may dispense drugs or devices under the supervision of a pharmacist. "Supervision" would mean that the pharmacist reviews the dispensed product be-

fore it is delivered to the patient. To make it clear that nonpharmacists may deliver drugs to patients once those drugs have been packaged and labeled in accordance with all applicable laws, the bill defines "deliver" as the transfer of a drug or device from one person to another. "Dispense" would mean, "preparing and packaging a prescription drug or device in a container and labeling the container with information required by state and federal laws. Filling or refilling drug containers with prescription drugs for subsequent use by a patient is 'dispensing.' Providing quantities of unit dose prescription drugs for subsequent administration is 'dispensing.'"

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\*The author drafted the proposed revision to the Pharmacy Practice Act while serving on the faculty of the Institute of Government, with the University of North Carolina at Chapel Hill. She is now in private practice as a partner in the Chapel Hill law firm of Beemer, Streit, & Solberg, P.A.

### INTERFERON

Approximately 60% of the patients who had a history of herpes simplex infection experience a reactivation of the disease after operations on the trigeminal nerve root. It was noted that patients exposed to microvascular decompression of the trigeminal sensory root and given a dose of interferon obtained from human white blood cells did not demonstrate the high incidence of reinfection noted in patients not receiving the interferon. *N ENG J MED*, Vol. 301, #5, p. 225, 1979.

### SALT INTAKE

It has frequently been suggested that hypertensive individuals limit their sodium intake in order to help regulate blood pressure. A 36 patient study has questioned the effectiveness of this restriction. Salt restriction seemed only to have a minor effect on blood pressure and the authors of this study suggest that sodium restriction not be substituted for drug therapy in hypertensive patients. *Lancet*, Vol. II, #8134, p. 121, 1979.

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Mr. Kent Allen, Ph-Mgr.

Rite Aid Discount Pharmacy  
2814 East 10th. Street  
Greenville, NC 27834  
Mr. James F. Maner, Jr., Ph-Mgr.

Rite Aid Discount Pharmacy  
West End Shopping Center  
Greenville, NC 27834  
Ms. Denise Luxton, Ph-Mgr.

Eckerd Drugs  
Beaufort Square S/C  
Beaufort, NC 28516  
Mr. Michael G. Wright, Ph-Mgr.

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Charlotte, NC 28215  
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Mocksville, NC 27028  
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Eckerd Drugs  
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Greensboro, NC 27407  
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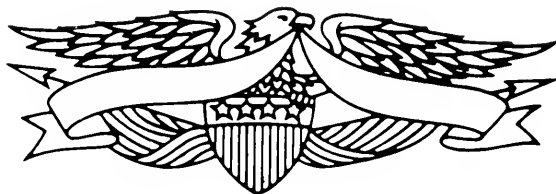
Revco Discount Drug Center  
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Raleigh, NC 27612  
Mr. Clarence L. Murchison, Ph-Mgr.

Eckerd Drugs  
Brentwood S/C, 103 Ward Blvd. N  
Wilson, NC 27893  
Mr. Stephen D. Bennett, Ph-Mgr.

Prescription Shoppe  
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Chadbourn, NC 28431  
Ms. Sandra Nance, Ph-Mgr.

Barnes Pharmacy  
101 East Market St.  
Greensboro, NC 27420  
Ms. Doris A. Taylor, Ph-Mgr.

Leonard Douglas Hammond—W. Virginia



## LOCAL NEWS

### CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary installed new officers during a luncheon Tuesday, May 13 at the Park Road YWCA. They are Mrs. Jesse E. Oxendine, president; Mrs. W. B. Hawfield and Mrs. Melvin Shipley vice presidents; Mrs. Grover L. Smith and Mrs. H. L. Bizzell, secretaries and Mrs. C. Gibbs Henley, treasurer. They were installed by Mrs. Douglas Corwin. Special guest was the club's scholarship recipient from Charlotte, Mary Mullis, a student at the UNC School of Pharmacy.

The Charlotte Woman's Pharmaceutical Auxiliary members and husbands had a wine and cheese party, May 4, at the home of Dollie and Doug Corwin. Special guests were prospective members. Mrs. Dorwin was assisted by Mrs. Floyd F. Potter and Mr. and Mrs. Edward C. Anselment.

### CHAPEL HILL

Betty H. Dennis, Assistant Professor of Clinical Pharmacy, University of North Carolina School of Pharmacy, has been appointed Chairman, Special Interest Group (SIG) on Adult Clinical Pharmacy Practice, American Society of Hospital Pharmacists. The appointment was announced by ASHP President David A. Zilz.

### WAKE COUNTY

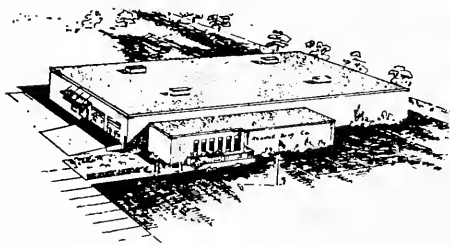
Wake County Pharmacy Wives held their May meeting at MacGregor Downs early in the month. The following officers were installed; President Velma Brown, Vice President Mary Seaborn, Secretary Sally Estes and Treasurer Bennett Cotten.

The group held a cancer awareness meeting on May 22 in the Cary Public Library. They showed films and had a physician on hand to answer questions.

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## WAKE COUNTY PHARMACEUTICAL ASSOCIATION

Thirty-seven members and guests were present at the meeting of the Wake County Pharmaceutical Association held Thursday, May 1, 1980 at Milburnie.

Oscar Elmore introduced the guest speaker, Aaron Fussel, a candidate for re-election to the N. C. House of Representatives. Joey Edwards, Director of Pharm-PAC, also spoke urging pharmacists to take an interest in the political arena and to make their views known by participating and voting.

After President Lockamy gave special thanks to Forrest Matthews for making arrangements for the evening at Milburnie, Treasurer David Devine reported that the Association has \$427.88 in checking and \$887.37 in savings. There are 120 paid members and seven members have paid for 1980-81. Dues are payable as of the June meeting.

Under old business, President Lockamy reported that the reception sponsored by the Wake Co. PhA at the NCPHA Centennial Convention was a great success thanks to all who helped with it.

President Lockamy then reminded those present of the upcoming continuing education programs on Geriatrics to be held May 8 and May 15 from 7-10 p.m. at Wake Medical

Center. Also, on Tuesday June 10, 1980, a symposium on drug addiction will be held in the Wake AHEC auditorium. Bill Wilson will be the pharmacist panel member. For more information, see the enclosed brochure.

After asking for new business, President Lockamy gave the results of the election of officers for 1980-81. They are as follows:

**PRESIDENT** ..... John Brown  
**VICE PRESIDENT** ..... David Devine  
**PRESIDENT ELECT** ..... Darrell Estes  
**SECRETARY** ..... Bob Allen  
**TREASURER** ..... Marshal Hamm  
**EX. COMM. MBR.** ..... Nellie Jones

Congratulations to each of these pharmacists.

President Lockamy then asked for reports from Susan Aycock on Hospice and Kathy Edwards on the Wake Cancer Society. Mrs. Aycock reported that Hospice had recently received its license and has four patients. Mrs. Edwards announced the availability of a booklet entitled "Side Effects of Drugs and Helpful Hints" through the Wake Cancer Society.

There being no further business, the meeting was adjourned.

Respectfully submitted  
 Ginger Lockamy, President

## PRODUCTS EXEMPTED FROM SAFETY CLOSURE REQUIREMENTS

Drug	Dosage Form	Limit	Status	FR Date
nitroglycerin	sublingual	—	issued	4/16/74
isosorbide dinitrate	sublingual and chewable	5 mg/unit dose	issued	11/20/74
		10 mg/unit dose	proposed	9/28/79
erythromycin ethylsuccinate	granules for suspension and liquid suspension	8 g/package	issued	1/31/79
oral contraceptives	memonic packages	varying amounts	proposed	2/11/74
anhydrous cholestyramine	powder	—	issued	4/11/79
potassium supplements	effervescent powder	25 milliequivalents per unit dose	issued	6/18/79
sodium fluoride	aqueous solution	264 mg per package	issued	12/12/77
	chewable tablets	264mg per package	proposed	3/19/80
betamethasone	tablets	12.6mg/package	issued	3/21/79
pancrelipase	tablet, capsule, powder	—	proposed	
mebendazole	tablets	600mg/package	issued	3/9/79
methylprednisolone	tablets	84mg/package	issued	9/7/79
colestipol	powder	5gm/unit dose	issued	9/9/79
erythromycin ethylsuccinate	chewable tablets	16 g/package	issued	9/28/79
		16 g/package		

## PRB 'CONSIDERING' MAC LIMITS FOR 15 DRUGS

*Health Care Financing Administration's Pharmaceutical Reimbursement Board is considering setting Maximum Allowable Costs—MACs—for a number of drug products "for which significant amounts of federal funds are expended and for which there are significantly different prices." The products are:*

Cyclandelate	200 and 400 mg oral capsules
Dicyclomine HCl	20 mg oral capsules, 20 mg oral tablets, and 10 mg/5 ml oral syrup
Dihydroergocornine Methanesulfonate;	167 $\mu$ mg; 167 $\mu$ mg; 167 $\mu$ mg and 333 $\mu$ mg;
Dihydroergocristine Methanesulfonate;	333 $\mu$ mg; 333 $\mu$ mg sublingual tablets
Dihydroergocryptine Methanesulfonate:	
Diphenhydramine HCl	25 and 50 mg oral capsules
Estrogens, Conjugated	0.625 mg; 1.25 mg and 2.5 mg oral tablets
Glutethimide	250 mg and 500 mg oral tablets and 500 mg oral capsules
Hydrochlorothiazide w/Spironolactone	25 mg, 25 mg oral tablets
Meclizine HCl	12.5 mg and 25 mg oral tablets
Nylidrin HCl	6 mg and 12 mg oral tablets
Phenteramine HCl	30 mg oral capsule
Procainamide HCl	250 mg, 375 mg and 500 mg oral capsules
Spironolactone	25 mg oral tablets
Terbutaline Sulfate	2.5 mg and 5 mg oral tablets
Triprolidine HCl w/Pseudoephedrine	2.5 mg; 60 mg oral tablets
Propantheline Bromide	15 mg oral tablets

**In addition, PRB "may also reconsider" present MAC limits for another five drugs:**

Acetaminophen w/Codeine	300 mg; 30 mg oral tablets and 300 mg; 60 mg oral tablets
Ampicillin	250 mg oral capsules and 125 mg/5 ml oral suspension
Methocarbamol	500 mg and 750 mg oral tablets
Penicillin VK	125 mg/5 ml and 250 mg/5 ml oral suspension and 250 mg and 500 mg oral tablets
Tetracycline HCl	500 mg oral capsules

PRB does not mention the price limit it is considering for any of these products, nor dates for hearings.

## NARD ANNUAL MEETING-NACPhA SPONSORED BUS TRIP

The Annual Meeting of the National Association of Retail Druggists will be held in Atlanta September 28 through October 2. Jesse M. Pike of Concord will be installed as President of NARD during this convention and all North Carolina members are urged to attend to demonstrate support for Mr. Pike and to honor him with our presence. The North Carolina Pharmaceutical Association will charter a Trailways bus to transport as many pharmacists and spouses as possible. The current plan is to leave Raleigh-Durham area early Sunday morning, September 28, and stop along I-85 and pick up members, arriving in time for Sunday night festivities at the convention. We will return at the close of the program on Thursday. Projected roundtrip cost, including one meal each way is \$70.00 per person. If you are interested please let the NCPHA central office in Chapel Hill know, so that plans can be further developed.



## DRUG PRODUCT LOOK-ALIKES AN UNEXPECTED PROBLEM IN GENERIC SUBSTITUTION

PAM VOYLES, Pharmacy Law

With the repeal of state antisubstitution laws has come a hotly debated issue of look-alike products, i.e. generic companies are using the same color schemes and drug formulations as the companies manufacturing the trade name products. Recent court disputes have shown that there is merit on both sides with no easily accepted solution. The question confronting state and federal governments is this: Is it legal, and indeed, is it beneficial to allow generic manufacturers to copy the color, shape, and size of accepted brand name prescription drugs developed by innovator firms at great costs, or does such copying constitute unfair competition, false designation of origin, and counterfeiting?<sup>1</sup> To understand this controversy three examples of court cases shall be examined, followed by proposed legislative remedies.

In early cases courts agreed that it was illegal to copy "nonfunctional features of competitor's drug products if those features had secondary meaning."<sup>2</sup> In other words, if therapeutic value could be given to a certain color or size, or if a particular size or shape could be shown to enhance solubility or dispensing, then such characteristics were functional and could be copied. On the other hand, if color, shape, and size became associated with a specific product by the public so as to signify its origin and to distinguish it from other goods, it had acquired a secondary meaning and could not be imitated.<sup>3</sup>

One of the first cases gaining mention by employing this view was the case of Norwich Pharmacal Company versus Sterling Drug, Incorporated. Initially the court found that Pepto-Bismol's® pink color was functional since that color would more readily be chosen for relief of an upset stomach; however, the appellate court refused to restrain or prohibit copying "Pepto-Bismol® pink" due to the lack of evidence by the plaintiff to prove that the color had acquired secondary meaning and, by such action, consequently overturned the lower court ruling to the contrary.<sup>4</sup>

An exception to the rule developed to protect the innovator companies and the con-

sumer was that if the plaintiff could show that the defendant engaged in predacious practices such as hinting or persuading pharmacists to dispense its product as the brand name drug even if the brand name was specifically ordered, the courts could step in and prohibit the sale of the imitation product even if the copied features were functional and did not have secondary meaning.

There have been three recent decisions that vary somewhat from the preceding general rules. The first case was Ives Laboratories, Incorporated versus Darby Drug Company. Ives, manufacturer of the registered trademark Cyclospasmol (cyclandelate), sued the manufacturers and wholesalers of the generic drug, Spasmol, alleging unfair competition and trademark infringement.<sup>5</sup> The plaintiff supported their accusations with three arguments: (1) Copying constituted infringement of its trademark by violating Section 32 of the Lanham Act in that the similarity encouraged retail druggists to use Ives product name, "Cyclospasmol," in selling non-Ives products. (2) Copying proved to be false designation of origin, or false description or representation of goods sold by the defendants as understood by the plaintiff in Section 43(a) of the Lanham Act. (3) Copying violated New York common and statutory unfair competition laws.<sup>6</sup> Each issue presented was denied by the court. First, a generic manufacturer or wholesaler would be liable for damages under the Lanham Act "if he suggested, even if only by implication, that a retailer fill a bottle with the generic capsules and apply Ives' mark to the label, or continued to sell capsules containing the generic drug which facilitated this to a druggist whom he knew or had reason to know was engaging in such practices."<sup>7</sup> The federal court concluded that Ives failed to provide the quantum proof (fifteen instances of improper substitution were reported by Ives) necessary to require issuance of a temporary injunction. Secondly, Ives argued that the distinctive color of its capsules was protected by Section 43(a) of the Lanham Act. The court analyzed two 1964 cases, Sears versus Stiffel Company and Compco Corporation versus Day-Brite Lighting, where it was found that copying drug shape and color "would effectively confer monopoly rights in an item not qualifying for

*(Continued on Page 33)*

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**(Drug Product Look-Alikes, Continued)**

a monopoly grant under the federal patent laws. Such copying is permitted regardless of whether the article involved has like a trademark acquired a secondary meaning, regardless of whether there may be confusion among purchasers as to which article is which or as to the maker, regardless of whether the item copied is functional or nonfunctional, and regardless of the copier's motives."<sup>8</sup> The court found that these cases did not bar a finding that defendant's copying could constitute a violation of 43(a). It was the court's belief that the plaintiff could not be protected simply because of confusion or likelihood of confusion. Thirdly, the court concurred with the ruling made by New York Judge Nickerson's ruling in a case against AMHO that drug look-alikes did not violate New York state's unfair competition laws or the federal Lanham Act. He stated, "A prohibition of copying the colors of such capsules would tend to perpetuate the market power conferred by the expired patent and create an artificial and unnecessary barrier to entry and successful competition in the sale of particular drugs."<sup>9</sup>

Another notable look-alike drug case was *Pennwalt Corporation versus Zenith Labs, Incorporated* where Pennwalt brought suit against Zenith for unfair competition and trademark infringement. The plaintiff's tradename drug, *Ionamin*, whose active ingredient is *phentermine hydrochloride*, was copied by Zenith Labs' generic in color, shape, and size. The defendant's product, however, was not proved to be generically equivalent and thus substitution could possibly harm the patient. Pharmacologists testified that thirty milligram capsules of *Ionamin* contained thirty milligrams of *phentermine hydrochloride* while Zenith's thirty milligram generic capsule only contained twenty-four milligrams of the active ingredient. They also testified to the court that due to the differences in the solubility of the two products, the active ingredient in each capsule is released at different times, resulting in different levels of *phentermine* in the blood of the patient to which it was administered. The court enjoined the product but limited the injunction to prohibiting Zenith's sales to pharmacists since the court believed that dispensing physicians would be aware of the differences in the two products and prescribe accordingly. The sig-

nificance of the case was twofold: (1) It was the first time that the court focused on bioequivalence and bioavailability in judging unfair competition and (2) A generic manufacturer could be held responsible for unapproved substitution of the generic product by the pharmacist without the manufacturer inducing it.<sup>10</sup>

The most recent court case, *Smith-Kline and French versus Premo Drug Company*, added additional arguments—the right of the patient to know that he is receiving a generic product and the right of the pharmacist to communicate with the patient and convince him of the efficacy of the generic substitute.<sup>11,12</sup> The patent infringement and look-alike suit concerning *Smith-Kline and French's triamterene-hydrochlorothiazide* combination drug and Premo's generic equivalent was filed November 28, 1979 in the Newark, New Jersey Federal Court. The plaintiff acknowledged that copying denied "the pharmacist the opportunity to be a factor in the whole problem of product selection. The advocates of keeping all generic products in the same physical appearance of the original brand name product, is the denial that the pharmacist has the ability to communicate with the patient and convince them of the efficacy of the generic substitute."<sup>13</sup> The pharmacist should have been certain that the patient was aware that a substitution had been made since all patients are not anxious to have their prescription filled with generic products. This awareness would be clearly established if products had to stand alone, irrespective of their physical appearance. Premo saw the issue from a different pharmacist and patient viewpoint. Premo lawyer, David Kirschstein, explained generic look-alikes as an aid to pharmacists because they decreased the amount of counseling required to substitute and made drug identification easier (Kirschstein fails to acknowledge that pharmacists are drug experts).<sup>14</sup> Premo also argued that patient compliance decreased when dissimilar products were substituted during therapy.<sup>15</sup> A New Jersey Federal Judge, Vincent P. Buinno, ruled that look-alikes strike at the concept of informed consent. He remarked, "A patient who is prescribed *Dyazide* . . . ought not to be exposed to the unknown risks of having the prescription

*(Continued on next Page)*

**(Drug Product Look-Alikes, Continued)**

filled with an allegedly "generic equivalent" whose trade dress looks essentially the same as the medicine he recognizes, and to be given a vial with the branded article typed on, and charged the price of the branded article to boot. . . . There should not be one patient exposed to the risk of being harmed by a generic substitution of which the patient is given no fair basis for informed consent."<sup>16</sup> An appeal has been issued by Premo insisting that Judge Buinno wholly ignored the legal questions of (1) product simulation, (2) copying of trade dress, (3) appropriation of color, (4) effect of state generic drug substitution laws, (5) where the public interest lies, and (6) whether a product dispensed only on prescriptions can be treated in the same way as soap and other over-the-counter items.<sup>17</sup> Premo hopes to gain support for their views in the appeal from the federal government.

Some of the innovator drug companies believe that resorting to the courts to resolve the look-alike problem will be expensive, time consuming, and quite often unproductive. These companies also have turned their attention to federal legislation as the remedy rather than relying on case-by-case litigation or even amendment of state substitution laws. Senator Edward Kennedy has played an important role in developing such legislation.

On May 3, 1979, Kennedy introduced his Drug Regulation Reform Act of 1979 which read, "The term [counterfeit drug] also includes a prescription drug in tablet, capsule, or other finished solid form which—(1) does not clearly bear the name or trademark of the manufacturer or the distributor of the drug on the drug itself, (2) meets the same standards of identity, strength, quality, purity, stability, and bioavailability as another prescription drug in such form which has been previously and lawfully introduced into interstate commerce, and (3) is identical in size and shape to such other drugs."<sup>18</sup> When the bill was considered Senator Hatch introduced a floor amendment which read, "The term also includes a prescription drug in tablet, capsule, or other solid finished form that—(1) contains the same active ingredients in the same strength as another prescription drug in the same finished form, (2) is introduced into interstate commerce after the other drug was lawfully introduced into interstate commerce, and (3) is so nearly identical in overall ap-

pearance to the other drug as to create a substantial likelihood that ultimate consumers will not be able to distinguish between them."<sup>19</sup>

What Senators Hatch and Kennedy are saying is that a brand name manufacturer would have a cause of action against a generic imitator under the proposed law unless the generic has an identifying mark. Thus, the look-alike amendment passed by Senate is nothing more than an identification requirement.

Another suggestion was for the Food, Drug, and Cosmetic Act to be amended to require an applicant for new drug approval to specify what color, shape, and size the product would be. Several problems may arise from this recommendation. First, it could be received as an anticompetitive action by the federal government and secondly, the Food and Drug Administration may not want to enforce such an action.<sup>20</sup> New Drug Application approvals would be slowed due to the additional work the Food and Drug Administration would receive. In the end the public who could benefit from the drug would therefore be hurt.

To date the Senate proposal appears most feasible because it contains no anticompetitive elements and minimizes consumer confusion by requiring the company logo. With its acceptance into the Food, Drug, and Cosmetic Act a uniform method for handling look-alikes would be established and would consequently rid our courts of one of the major problems generated by generic substitution.

**FOOTNOTES**

<sup>1</sup> Paul G. Rogers and Jonathan S. Kahan, "Recent Developments Regarding Look-Alike Drugs," *Food-Drug-Cosmetic Law Journal*, XXXV, No. 1 (January, 1980), 4.

<sup>2</sup> *Ibid.*, p. 5.

<sup>3</sup> *Ibid.*, p. 6.

<sup>4</sup> *Ibid.*

<sup>5</sup> *The Pink Sheet*, Feb. 4, 1979, p. 9 and *The Pink Sheet*, Jan. 8, 1979, p. 5.

<sup>6</sup> Rogers and Kahan, *op. cit.*, p. 7.

<sup>7</sup> *The Pink Sheet*, June 25, 1979, p. T-G 3.

<sup>8</sup> *The Pink Sheet*, Feb. 4, 1979, p. 10.

<sup>9</sup> *The Pink Sheet*, Jan. 8, 1979, p. 5.

<sup>10</sup> Rogers and Kahan, *op. cit.*, pp. 9-10.

<sup>11</sup> "Look-Alikes," *Action in Pharmacy*, XII, No. 2 (October, 1979), p. 1.

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

<sup>14</sup> "Look-Alikes," *Action in Pharmacy*, XI, No. 9, (May, 1979), p. 3.

## CARL TAYLOR SPEAKS AT NATIONAL SEMINAR

Carl D. Taylor, Ahoskie pharmacist, was a featured speaker at the APhA-hosted session of the 33rd National Conference on Rural Health, held in Boston, April 17 and 18.

Taylor spoke on the ways he serves a rural home health agency and the role pharmacy plans in rural health care. The session was entitled "Drug Problems in Home Care and How to Handle Them." He was selected to speak because of his work with the Hertford-Gates Health Department Home Health program which was the first Home Health program to involve a pharmacy component. Many Home Health Agencies and Visiting Nurses Associations are looking at this involvement now.

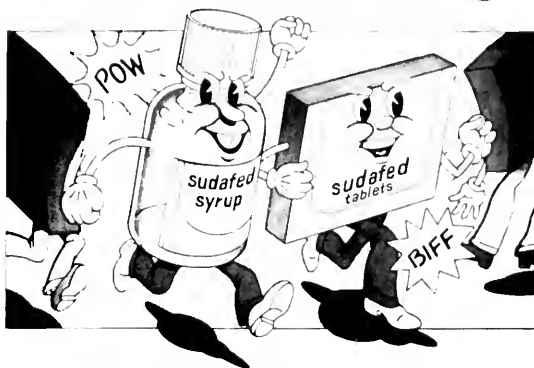
Mr. Taylor has worked with the APhA Section on long term care in developing a policy statement on home health care, and he was featured in the October 1979 issue of American Pharmacy in an article on home health care. He said he was pleased to have been invited to share his experience with rural health care. "It was interesting to know that Northeastern North Carolina is not the most rural area of the United States, other areas share the same problems we have, and some are located in far more rural areas."

## SMOKING

The amount of carboxyhemoglobin increases as one smokes and hence the ability of the blood to carry oxygen decreases. This can be of special concern in pregnant women and thus a study was conducted to determine if stopping the smoking of cigarettes would be of value during delivery or surgery. It was noted that the cessation of smoking for 48 hours prior to delivery or surgery will cause an 8% increase in available oxygen. Since this is considered to be significant, it is suggested that smoking be discontinued 48 hours prior to such procedures to help insure adequate tissue oxygenation. *BR MED J*, Vol. 2, #6186, p. 355, 1979.

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## POLYGRAPH TESTING: A FOLLOW UP

William T. Sawyer

The dust has settled since the publication of my thoughts on liet detector testing, and it is appropriate to respond to the comments and questions which have arisen. I have grouped reactions to the article in three categories:

1. Was I being sarcastic or sincere in my comments?
2. Is polygraph testing really an invasion of privacy, or to put it another way, "it ain't all that bad, why are you so bugged about it?"
3. Does the paper reflect a position of the UNC School of Pharmacy?

The last question is the easiest to address. I am obviously a member of the faculty of the UNC School of Pharmacy, working with the Area Health Education Center program. First and foremost, however, I am a practicing

pharmacist and a member of the profession of pharmacy. Just as for any scientific paper, or publication of research results, comments that I or any other faculty member may make in print represent the feelings of the individual practitioner. Within the administrative structure of the university, Deans and Department Heads may be designated to make policy statements. Generally, Assistant Professors are not. By identifying my affiliation, I offered a return address for anyone having concerns, comments or criticisms about the paper to use who wish to respond directly.

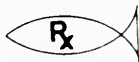
From the number of people who have asked if I was serious in my comments, including some who know me, I must conclude either that I wasn't sarcastic enough, or that perhaps I hit upon a really good idea. Because I have found that direct criticism of polygraph testing generates little reaction, I took an entirely opposite position in an effort to stimulate thought and discussion.

I feel that lie detector testing is a gross infringement upon individual freedoms and rights which are an integral part of our par-



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ticular society, but which we often take for granted. Polygraph testing represents a crude attempt to intimidate employees through a grossly unscientific and unsubstantiated method for obtaining information, much of which is probably not the business of the employer to begin with. To me it is unthinkable to practice in an environment where my employer does not have enough respect for my integrity to accept my word for the truth, resorting instead to the use of lie detectors. A relationship between employee and employer should be based upon mutual trust and respect, neither of which is promoted by the use of the polygraph.

I must say at the same time that I do not support those who favor legal bans on such practices, however. That removes the important element of individual judgement and choice which is a very central aspect of the issue. I would prefer that individuals carefully weigh the factors involved and choose not to pursue employment that involves polygraph testing as a prerequisite. To legally prohibit this use obviates a need for a person to make any decision at all and allows them to avoid facing the basic issue.

The obvious question which no one asked is whether or not I would submit to lie detector testing if that were the only way that I could find a job in the profession of pharmacy. I have never been faced with this situation and my answer is therefore conjectural. Given this fact, I will say that under *no* circumstances would I submit to polygraph testing for the purpose of gaining employment. The income derived from holding a position which requires polygraph testing as a prerequisite to employment, regardless of its size, can never be enough to make up for the loss of individual freedom which would be associated with that action.

While I wish other practitioners felt the same way, I am afraid many do not. To an extent, I am disappointed with the lack of reaction to the article. I interpret this lack of reaction as tacit acceptance of the concepts I proposed or the general lack of interest among pharmacy practitioners in doing anything about it. (Another option is that pharmacists do not read the *Carolina Journal of Pharmacy*.) I take pride in being a member of the profession of pharmacy and am con-

cerned about the integrity of the profession. To me, submission to routine polygraph testing diminishes the integrity of our profession, and of us as individuals, and has no place in the practice of this or any other health care discipline.

I should add in closing that some of the things I said were not necessarily satirical. I am not often impressed that pharmacists exhibit significant independence of thought or action in daily practice. Most students in their senior year are unfortunately lacking in professional self-image. The majority of pharmacy practitioners with whom I have discussed this matter seem to be totally oblivious to the more important issues of invasion of privacy and loss of individual freedoms. I also seriously doubt that very many physicians or dentists, to mention two other health professions, would consent to lie detector testing as a prerequisite to employment.

Perhaps the passage of time will prove that I am wrong and that polygraph testing is, truly, an idea whose time has come. Indeed, my antagonism toward this practice may also diminish and I may eventually submit to polygraph testing myself. It is also possible that the moon is made of green cheese, and that the earth is flat. I seriously question the probability of any of these possibilities.

## PRAZOCIN

Prazocin (Minipres) is a relatively new vasodilator which has been found to be useful in treating hypertension. Closer investigation into its antihypertensive effect shows that the drug is capable of reducing plasma renin concentrations and can block post-synaptic alpha-adrenergic receptors. The authors postulate that other alpha-adrenergic blocking agents, e.g., phentolamine (Regitine), do not exert a sustained antihypertensive effect because they not only block the post-synaptic receptor site, but they also inhibit a presynaptic receptor site which acts to regulate norepinephrine concentrations via a feedback mechanism. Conventional alpha receptor blockers inhibit activity at both sites and thus reduces the effectiveness of the blockade. Prazocin blocks only the post-synaptic receptor and therefore there is no tendency for the nerve ending to release norepinephrine. *J CLIN PHAR*, Vol. 19, #7, p. 357, 1979.



**UNC-CH School of Pharmacy Awards Program**

**April 24, 1980**

**Tom Burgiss (right) accepts the Distinguished Service Award from Dr. Tom S. Miya, Dean, while his wife, Nancy, beams in approval.**

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## MARRIAGES

VIRGINIA M. CLAYTON and R. Darrel Moser were married in Charlotte on May 10th.

Darrel is a sprinkler systems design engineer. Ginger, a 1977 graduate of the UNC School of pharmacy, has just completed her first year in the Ph.D. program leading to her degree in pharmacology, at the Medical College of Virginia. Ginger, the last of the four Clayton girls from Charlotte, recently received the C. C. Clayton Scholastic Award given to the top first year graduate student on the entire campus. Mr. & Mrs. Moser will live in Richmond.

*Michael Sugg Woodard* of Princeton and Miss Linda Janelle Corey of Chapel Hill were married June 29th at Stokes Baptist Church.

Mike is a graduate of the University of North Carolina School of Pharmacy and a Phi Delta Chi member. He will be working with Eckerd's in Raleigh. Linda is a graduate of the University of North Carolina at Chapel Hill with a degree in Dental Hygiene. She is now working in Durham.

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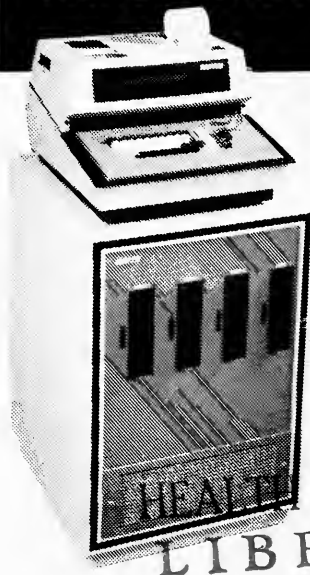
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NCPHA President Joe C. Miller receives the proclamation honoring North Carolina pharmacy from Governor James B. Hunt, Jr. (Photo by Colorcraft) see page 33

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NUMBER 7

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JULY 1980

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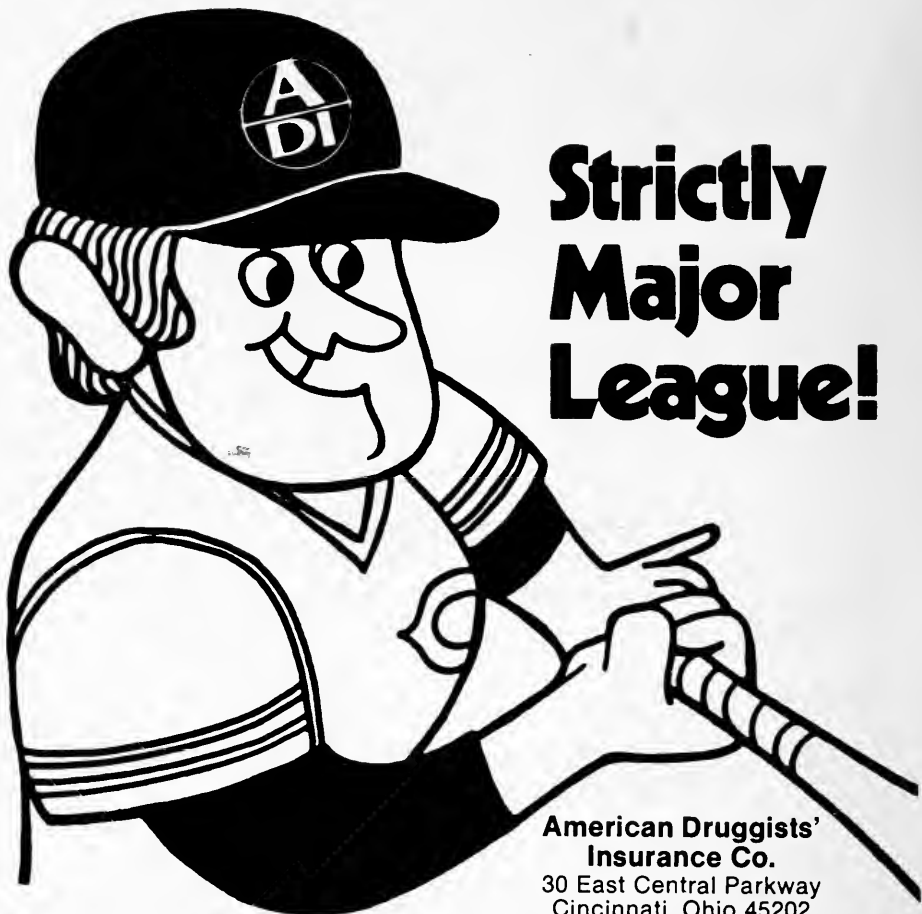
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## THE WATTS LINE



**Jack G. Watts**  
President, NCPHA

Dear Fellow Pharmacist:

Why do you want to succeed?

Why do you—why does anyone—try to succeed? Some say, "Because it means more money." Money is one big reason why we all work so hard. Money and what it can do has a lot to do with our happiness and sometimes our unhappiness. Any way you may wish to look at it, the lack of it brings a lot of dissatisfaction.

But money is not the only thing. The fun of achievement, the pleasure in accomplishment, turns more people on than the reward of more money. To prove to other associates, to the family, and, greatest of all, to himself that he has what it really takes. This has caused many a person to work long and hard to make good.

The reward of one achievement should and does, in the right kind of individual, bring self-confidence and a desire to go on until the finish. No one knows the span of his ability until he tries it. Of course, all men have limitations, but one thing is true—not one out of a

thousand approaches the real peak of his ability. Life is a battle each of us must fight for ourselves. As someone said, "We must be our own soldier. We cannot buy a substitute."

If you envy your fellow pharmacist's success in business, do not waste your energy wishing your business was as his. Look at the process by which your associate made his business a success. Do this and success will be yours!

Try something different for me. Develop yourself by getting into a contest with yourself. We try too much, I think, to surpass others. Put your own thoughts, dreams and ideas up as a target and surpass them.

If you will do this, the success you might have envied in your fellow pharmacist will be yours.

This is a sure bet . . .

on how to **SUCCEED!!!**

## **NCPHA CENTENNIAL CONVENTION A BRIEF REPORT**

### **SUNDAY**

#### **PharmPac Luncheon**

The Convention was opened by a PharmPac luncheon held at the Hilton Inn, Raleigh, Sunday, April 13. State Senator I. Beverly Lake, Jr. was the featured speaker.

#### **Awards Luncheon**

The Awards Luncheon held in the Grand Ballroom of the Hilton Inn was the scene of recognition of many pharmacists for outstanding service, activity and longevity. Evelyn P. Lloyd, Hillsborough, was presented the Bowl of Hygeia Award by Michael Anderson, A. H. Robins Company; the Don Blanton Memorial Award was given to Rex A. Paramore, Nashville, by Charles D. Blanton, Jr.; Dean Tom S. Miya presented the Syntex Practitioner-Instructor of the Year Award to Tom R. Burgiss, Sparta; Marshall Sasser, Second Vice President of the North Carolina Association of Professions presented the

NCAP Presidential Award to Joe Miller and the Distinguished Service Award to John T. Henley, Hope Mills; the NARD Leadership Award was presented to incoming NCPHA President Jack G. Watts, by Al Mebane, standing in for Jesse M. Pike, President Elect of NARD; Mr. Watts also received the McKesson & Robbins Presidential Award from Mike Vaughan, District Sales Manager, McKesson & Robbins; Bob Schafer, Division Manager, E. R. Squibb & Sons, gave Joe Miller the E. R. Squibb Presidential Award and Mrs. Miller (Joyce) in absentia, received the Pharmacist Mate Award from Tom Edwards, District Manager, Geigy Pharmaceuticals.

Ernest Rabil, NCPHA 3rd Vice-President inducted three pharmacists into the North Carolina Academy of Pharmacy; W. Robert Bizzell, Kinston; Herman W. Lynch, Dunn; and Kathryn G. Edwards, Raleigh.

Eight pharmacists were inducted into the Fifty-Plus Club, composed of pharmacists who have been licensed for fifty or more years. Those present for induction were: Stephen W. Frontis, Greensboro; L. E. Reaves, Jr., Fayetteville; O. K. Richardson, Boone; W. Dorsey Welch, Washington; and M. S. Burt, Durham.



**PharmPac Luncheon Program Participants: Left to right; Representative Barney Paul Woodard, former Senator John T. Henley, Senator I. Beverly Lake, Jr., PharmPac President Joe A. Edwards, Jr., PharmPac Secretary-Treasurer Henry Smith. Photo by Colorcraft.**



Milton J. Henrichs got his pharmacy degree at the University of Wisconsin in 1944. He joined Abbott in 1947 as a medical representative and rapidly rose through the ranks, becoming divisional president in 1972.

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John C. Brantley was recognized at the 100th Anniversary Dinner Sunday night. Unable to attend were Joseph L. Pinnix, Kernersville, and George F. Murr, Thomasville. Their pins and membership certificates were mailed to them.

### 100th Anniversary Dinner

The Sunday night Dinner program was opened by Convention Chairman Jerry Johnson's introduction of the nineteen past presidents in attendance and the Executive Committee of the NCPHA who were ushered to their seats by members of the Wake County Pharmaceutical Society. Presidents Joe C. Miller, NCPHA, Mrs. Marshall Sasser, Woman's Auxiliary, and Horace Lewis, TMA, proclaimed their respective conventions to be in session. Joe Powell, the featured speaker, presented his award winning talk, "The Price Tag of Freedom" and was very warmly received. W. Seymour Holt, Vice President and General Manager, Dista Products Division, Eli Lilly and Company, presented a plaque commemorating the Centennial Anniversary of the North Carolina Pharmaceutical Association to Joe Miller, NCPHA President. The evening was closed with the announcement that Ralph P. Rogers, Jr. Durham, had been selected 1980 Pharmacist of the Year.

### Monday Business Session

Joe Miller presided over the morning session which was opened by Mr. and Mrs. Ernest Rabil conducting the Rite of the Roses, remembering those pharmacists members who had died since the last convention. Those remembered were: M. T. Upchurch, Smithfield; Claude Timberlake, Alexandria, Va.; Joseph P. Barbour, Burlington; John A. Ranzenhofer, Greensboro; James E. Evans, Marion; Mrs. Catalina Ellison, Winston-Salem; William H. Mosteller, Albemarle; Walker M. K. Bender, Fayetteville; Joseph F. Bland, High Point; C. L. Guion, Aberdeen; Alman B. Butler, Clinton; Jesse S. Stewart, Fremont; Tom M. Kirk-Patrick, Jr., Plymouth; and Logan N. Womble, Plymouth. While President Elect Watts assumed the chair, President Miller delivered his address, in which he challenged the Association to become "people oriented" as a profession. Dr. Peter Bast, Director of Educational Development Services, College of Pharmacy, Univer-



**Mr. and Mrs. Rex A. Paramore display the Don Blanton Memorial Award Mr. Paramore received during the Awards Luncheon. Photo by Colorcraft.**

sity of Minnesota, spoke on "Effective and Affective Communications," and used an effective slide presentation to accompany his talk. How to maximize your communication skills was the gist of Dr. Bast's presentation and how to make the most of interaction between professional and patient, to the benefit of both. How magazine advertisements use the tricks of subliminal communications was an especially effective portion of the talk.

Dr. David R. Work, Secretary-Treasurer of the State Board of Pharmacy gave his annual report and Sam P. Stuart, Pilot Life Insurance Company, spoke on Potential Liability in Group Insurance.

### Tuesday Morning Session

The morning session featured the report of Dean Tom S. Miya on the UNC School of Pharmacy and the North Carolina Pharmaceutical Research Foundation. Jennifer Price, President of the Student Branch of the APhA and NCPHA reported on their activities for the year, highlighted by winning the national first prize for Poison Prevention Week involvement. Rex Paramore, Chairman of the

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NCPHA Committee on Legislation, brought the convention up to date on current and future legislative activities of the NCPHA. Other Committees reporting were the NCPHA Committee on Mental Health and the NCPHA Committee on the Consolidated Pharmacy Loan Fund and the Endowment Fund. The morning program was concluded by a panel presentation on the Revised Pharmacy Practice Act, Marshall Sasser, NCPHA 2nd Vice President, Moderator. Panel members were M. Patrice Solber, J. D., Ernest J. Rabil, William H. Randall, and Fred M. Eckel. The panel gave a brief synopsis of the revision, changes and deletions, and fielded questions from the audience. An excellent presentation was made by each member of the panel and the audience responded with incisive questions, all of which made an informative program.

### Afternoon Closing Session

The early part of the session was taken up with reports from committees, some of which were printed and distributed to the audience. On the program were Public and Professional Relations, Continuing Education, Institutional Pharmacy, PharmPac, Delivery of

Pharmaceutical Services and Social and Economic Relations. Mrs. Marshall Sasser, President of the Woman's Auxiliary, brought greetings from the Auxiliary and thanked the Association for help during her year as President.

Dr. Jack Robbins, Associate Director of Pharmacy Affairs, Schering Corporation presented the Schering Report, a study of consumer attitudes about pharmacists and vice versa. The survey was conducted through personal interviews with 597 pharmacists and 2,161 adult customers in all sections of the country. The two basic categories of questions covered "The Pharmacist as a Health Professional" and "The Practice of Pharmacy." Dr. Robbins presented an entertaining and enjoyable program.

Al Mebane, Executive Director, NCPHA, related his view of the Association, its programs and goals, and what had been accomplished during the year. The relationship between the State Board of Pharmacy, The School of Pharmacy and the Pharmaceutical Association was seen as unique, and contributed much to the pharmacy environment in North Carolina. Inadequate reimbursement for pharmaceutical services is the most serious problem facing pharmacy today, and if remedied, would solve many other problems of pharmacy, said Mr. Mebane.

Evelyn P. Lloyd, Chairman of the Resolutions Committee, presented her report, and those resolutions adopted by the Convention will appear in a later issue of the *Carolina Journal of Pharmacy*. Time and Place Committee recommended the 1983 Convention be held in Boone in June and this was approved by the Convention. The report of the Nominations Committee was received, with no further nominations from the floor. Tom Burgiss, Convention Registrar, reported on the attendance in his inimitable style and the 1980 Centennial Convention was closed by President Joe C. Miller.



Bob Schafer, right, presents the Squibb Presidential Award to NCPHA outgoing president Joe C. Miller. Photo by Colorcraft.

## TRIPARTITE COMMITTEE MEETS

The Annual Meeting of the North Carolina Tripartite Committee on Pharmacy was held May 19, 1980, at the Institute of Pharmacy in Chapel Hill. Present were members W. R. Adams, Harold Day, Marion Edmonds, Joey Edwards, LeRoy Werley, George Willets, Claude Paoloni (Secretary), Bill Randall (Vice-Chairman) and Steve Caiola (Chairman). Also present were ex-officio members Al Mebane and David Work, students Mark David and Charles Everett, and guests Loni Garcia and Whitaker Moose.

Claude Paoloni reviewed the Fall, 1979 and Spring, 1980 Academic Internship Program. Overall performance was most satisfactory as evidenced by the P. I. evaluations, post-rotation examinations, and N. C. Board of Pharmacy examinations. Mr. Paoloni expressed appreciation and credit to the P. I.s for their dedication and contribution to the program.

LeRoy Werley reported on recruitment and enrollment. This Fall the School is planning to establish a formal recruitment program to contact high schools, junior colleges and four-year universities across the state. Additionally, practitioners will be enlisted to promote the recruitment program. Enrollments have declined throughout the country, but this is the first time the decrease has been felt on this campus. Out-of-state applications have increased for the School of Pharmacy, and additional spaces have been requested. The projected admissions will total 160.

David Work reported on the changes in the Board of Pharmacy internship requirements. The Board has dropped the post-graduation requirement of 500 hours, but retained the total of 1500 hours of practical experience. Board examinations will be given in June and January, after the transition.

Bill Randall, Chairman of the Committee to Revise the Pharmacy Practice Act, presented the latest (and final) draft and discussed the changes in the law. Because of the importance of the Revised Practice Act, the Committee recommended the NCPHA consider hiring a lobbyist to support the passage of the bill.

Loni Garcia, Director of Pharmacy Technology Program, Fayetteville Technical Institute, gave an informative review of the program. Two other Pharmacy Technician programs are in operation in the community college system, at Durham Tech and Lenoir Community College. Fayetteville Tech offers an Associate Degree in Applied Sciences, after completion of the two-year course of study.

Chairman Caiola stated a number of pharmacists are seeking reimbursement for services not directly related to dispensing a drug product. A preliminary study by Alan Hess will be discussed at a meeting of the NCPHA Committee on the Delivery of Pharmaceutical Services; the study describes a number of non-product related services and the results of a national survey on support of reimbursement for these services.

Other items discussed by the Committee included the UNC School of Pharmacy Centennial Celebration, presentation of a portrait of her husband to the School of Pharmacy by Mrs. Carl Durham, the first Alumni Association meeting, October 4, 1980, to approve the by-laws and to elect officers, and the big events of the Centennial Celebration May 22-24, 1981.

The Tripartite Committee is composed of representatives from the UNC School of Pharmacy, the N. C. Board of Pharmacy, and the North Carolina Pharmaceutical Association.

**Don't Forget the NCPHA-NARD Bus Trip to Atlanta. Space is still available. Leave Sunday, September 27 and return Thursday, October 2. Send in your reservations now to NCPHA in Chapel Hill. Cost is \$70.00 per person. Don't be disappointed . . . write today.**





Tripartite Committee, left to right, (seated) Caiola, Paoloni, Edwards, Edmonds, and Everett; (standing) Davis, Willets, Werley, Randall, Adams, Garcia, Work and Day. Staff photo

## UNC GRADUATE PROGRAM FIRST TO BE ACCREDITED

A graduate residency program recently established at the UNC School of Pharmacy has become the first such program to gain accreditation.

The program, which began officially July 1, will offer on-the-job training in pharmacy that relates to new areas of health care delivery. It was accredited by the American Society of Hospital Pharmacists, who sent representatives to the school to evaluate the programs last August.

Graduate students who enroll in the program will get their residency training in a

variety of settings, including community health centers, Area Health Education Centers (AHEC), the UNC-CH Student Health Service, and other facilities that serve as alternatives to hospitals.

Directed by Fred M. Eckel, professor of pharmacy and head of the school's division of pharmacy practice, the residency program will be credited toward a master of science degree in pharmacy. The students will work full-time in the residency during the summer and will be rotated between several facilities to allow a variety of experience.

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## 1980 CONVENTION— WOMAN'S AUXILIARY

The Woman's Auxiliary of the North Carolina Pharmaceutical Association took on an "air of nostalgia" for its 53rd Annual Meeting held in conjunction with the Centennial Convention of the NCPHA, April 13-15 in Raleigh. "Pride in Our Heritage: A Year for Caring," the 1979-80 theme permeated the annual meeting, reminiscent of "days gone by," beginning with the Sunday Awards Luncheon as ladies and gentlemen dooned costumes of another era to witness the reenactment of the 1880 Convention, the founding of NCPHA in the Senate Chambers of the State Capitol Building... to the last dance with her "favorite beau" at the Centennial Ball on Tuesday evening.

Rain did not dampen the spirits of the 1880 cast and their ladies as they rode in antique cars and train from the hotel to the Capitol Building. Can you believe an umbrella being held in a rumble seat for this jaunt down Hillsborough street?

The group was greeted by Sousa marches presented in concert by members of the Smithfield-Selma High School Band as guests descended upon the Capitol grounds.

The reenactment of the first annual convention, researched by Vivian and W. J. Smith, depicted in detail the business of "that day." The pharmacists cast as leaders of the 1880 convention, though unrehearsed, were natural and gave performances worthy of an award.

The Wake County Pharmaceutical Society with Mrs. Ginger Lockamy as president, "put on" a social hour that rivaled the one held in the same Capitol Rotunda 100 years ago.

The historical significance of Sunday, April 13, was concluded with the Anniversary Dinner in a birthday atmosphere unmatched—with dinner music, a present from Bill Joe Austin and the Riverside Serenaders, II, of Smithfield (Marshall Sasser on the drums)—tunes to recall the early years. Johnston County Pharmacy Wives with husbands created the mood and decor with decorations representative of the Victorian era including candle lamps, trellised arbor and big Birthday Cake!!

Monday, April 14 was a "fun day," with the Wake County Pharmaceutical Auxiliary host-

ing tours to Mordecai House and Gardens, Andrew Johnson House, North Carolina Art Museum, and the Museum of History. They coordinated the planning for the Woman's Auxiliary "Hat 'n Gloves Luncheon" and Fashion Show around the pool at the Velvet Cloak Inn, (Southern-like, a count showed 98% of the ladies wearing white gloves).

"Through the Looking Glass Into the Past" brought "model" members from around the State together to "dress-up," bringing with them all the interesting and pretty costumes, some of which had been tucked away, for years in closets and old trunks, depicting styles of an earlier era. All of us lived a "bit of the past" as Mrs. Richard Overton provided the commentary over the strains of the organ as melodies of each era were played by Norman Acker. Mrs. William Randall volunteered to lead the sing-a-long reminiscent of "front porch" entertainment on a summers' afternoon with relatives and friends... a childhood memory.

### BUSINESS MEETING

"Caring is Being Informed" was the theme for the 53rd annual business session, convened by Mrs. J. Marshall Sasser of Smithfield, president of the Woman's Auxiliary to the NCPHA at 11:30 AM, April 15 at the Carolina Country Club of Raleigh.

Prior to the business session, members were guests of the Wake County Pharmaceutical Auxiliary for a Coffee and Tour of the Executive Mansion on Blount Street.

Mrs. Shelton Boyd, hospitality chairman set the mood for the meeting with an invocation and welcome. Mrs. W. Grover Creech presented a memorial tribute to Mrs. Sudie Dowdell Thomas of the Charlotte Auxiliary.

Reports were received in printed form from committees as follows: Treasurer, Mrs. David Work; Executive Board, Mrs. Jack Watts; Membership, Mrs. Henry H. Shigley; Hospitality, Mrs. Shelton Boyd; Parliamentarian, Mrs. Haywood Jones; Publicity, Mrs. B. P. Woodard; Historian, Mrs. J. K. Johnson; Publications, Mrs. George Cocolas and Ways and Means, Mrs. B. Cade Brooks.

The resolutions report was given by Mrs. Eugene Hackney. Projects reported upon were: (1) NCPHA Centennial Hanging, the Woman's Auxiliary gift to NCPHA on its 100th Anniversary, Mrs. Robert L. Smith,



Marshall Sasser, NCPHA president-elect, greets B. R. Ward from the rumble seat of the antique auto, seemingly driven by Mrs. Sasser, who was wearing one of her best bonnets. Photo by Colorcraft.



Mrs. W. P. Brewer models period attire during the Tuesday night fashion show "Vapors, Vamps and Vogue." (Photo by Colorcraft)



At the Governor's Mansion... Mrs. Horace Lewis is shown serving coffee to Mrs. Jimmy Creech, as the Woman's Auxiliary conclude their visit on Tuesday. (Photo by Colorcraft)

chairman (2) progress up-date on securing new tablecloths for the Institute of Pharmacy, Mrs. Haywood Jones, chairman (3) Scholarships and (4) the Cancer Awareness Service project. (An educational exhibit was prepared for the Hotel Hilton lobby, with cancer films shown during convention and leaflets made available.)

Mrs. Don Chapman presented the slate of officers for 1980-81, elected as follows: President, Mrs. Shelton Boyd; First Vice President, Mrs. Romas T. White, Jr.; Second Vice President, Mrs. J. K. Johnson; Recording Secretary, Mrs. Haywood Jones; Corresponding Secretary, Mrs. A. G. Pelt, Jr.; Treasurer, Mrs. Jack Watts; Parliamentarian, Mrs. Joseph Johnson; Historian, Mrs. Keith Fearing; Advisor, Mrs. Milton Skolaut and Mrs. J. Marshall Sasser, and Coordinator, Mrs. A. H. Mebane.

Mrs. Henry H. Shigley presented certificates of recognition to the Chapel Hill Pharmaceutical Auxiliary which were accepted by Mrs. David Work, co-president. Mrs. L. S. Stroupe was presented a certificate for the highest percent increase in membership for an individual.

Following the president's report, given as an informal slide presentation of activities and travel experiences, gifts were presented to Chris Lewis and Jane Alexander, pages; Mrs. Brenda Johnson, convention chairman and Mrs. Ginger Lockamy, president of the Wake County Pharmaceutical Society. After the distribution of door prizes, the meeting was recessed to the one o'clock luncheon.

The theme of the luncheon, "Caring is Love and Reminiscing" was enhanced by "You're There—1880." An introduction to the personalities of the NCPHA founders and the humorous events surrounding them was shared by W. J. Smith, based on his historical research.

Mrs. James L. Creech installed the 1980-81 officers in a meaningful and unique manner, presenting them with metal boxes representative of a "time capsule" with mementos of the 1980 convention to be sealed and opened in year 2000. Mr. and Mrs. W. J. Smith, Co-chairmen for the NCPHA Historical Committee accepted the "time capsule" on behalf of the Committee and the Institute of Pharmacy.

"The Sandpipers Ensemble" from Sander-son High School entertained the Auxiliary with songs and dance.

July, 1980

Other persons appearing on the program were; Mrs. Haywood Jones, Mrs. Romas T. White, Jr., Mrs. Leslie H. Davis, Mrs. Milton Skolaut and Mrs. J. K. Johnson.

Prior to "A Walk Through Historic Oakwood" and a Tour of Richard Black's Home, a slide presentation of the significant preservation efforts of Historic Oakwood Society, was presented by one of its resident volunteers.

Your president was presented a pretty silver tray from the Auxiliary with her presidential year engraved upon it. (Presented by Rebecca Work treasurer, as the world's largest calculator because of the teasing in the business meeting about the "aptness" with which your president handles her math.) The tray is beautiful and will be treasured by the Sassers for years to come as a symbol of the "great year" we had together.

The Woman's Auxiliary gift to all members present commemorating NCPHA's 100th Birthday was an individually handcrafted tin mortar and pestle cookie cutter.

The Wake County Pharmaceutical Auxiliary provided favors and "bags of gifts" and door prizes, compliments of many individuals, groups and companies for both auxiliary luncheons and evening dinners. Refreshments for the Auxiliary Hospitality Suite open throughout the convention were courtesy of Coca Cola and the efforts of the Wake County hosts.

The North Carolina Wholesale Druggists and the Traveling Members Auxiliary provided some "special" extras for the NCPHA Centennial Year. A Cocktail Buffet on Monday evening was hosted by the wholesalers. Following the Centennial Dinner on Tuesday evening, "Vapors, Vamps, and Vogue," a musical historical Fashion Show, sponsored by Justice Drug Company, was their gift to the audience. The TMA sponsored the Centennial Ball with music by the Charlie Brown Band ... the "big band sound," and the "Ole Gang Chorus," a barbershop quartet. We thank you for the tremendous entertainment. You helped to make this a special year to remember!

Colorcraft Corporation made the 1980 Centennial Convention an event to be remembered as every detail was photographed by Horace Lewis and staff to make the occasion more memorable as we "turn back through the album leaves" in years to come recalling all the fun we had at our 100th Birthday Celebration. We appreciate you!

You would be too, if you had his job.

After earning his pharmacy degree at Purdue, Ed Strzelinski worked in a community pharmacy, but always wanted to make pharmaceutical products, in the large sense.

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Seth George Miller, Ph-Mgr.

Davidson County Health Dept. Pharmacy  
Lexington, North Carolina 27292  
Seth George Miller, Ph-Mgr.

Clinic Drug  
3 Linville Street  
Glen Alpine, NC 28628  
Carl Johnson Bennett, Jr., Ph-Mgr.

Rocky Mount Sanitarium Pharmacy  
P. O. Box 111, 1031 Noell Lane  
Rocky Mount, NC 27801  
Mr. Samuel B. Petteway, Jr., Ph-Mgr.

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Stanley, NC 28164  
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Beahm, Michael Randolph—Virginia  
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Chance, Beverly Diane—Tennessee  
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Fonvielle, Russell Blanton—So. Carolina  
Griffin, Debra Keever—Alabama  
Miller, John Raymond—Wisconsin  
Romine, Allen Levorn—Pennsylvania  
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Life**





Wake County Pharmaceutical Society Officers: Left to right; Sec. Bob Allen; Pres. John Brown; Treas. Marshall Hamm, Vice-Pres. David Devine. Staff photo



Parke-Davis and Company presented an "Avicenna Painting" to Benson Drug Co., Inc., of Benson, North Carolina for having filled 1,000,000 prescriptions.

Charles Stevens, RPh. (center) was presented the painting by J. Steven Baker, (Left), professional sales representative, and Joe Gillespie (right) district manager for Parke-Davis & Co.

## COMMENCEMENT ADDRESS

By NCPHA President, Jack G. Watts

What follows are my thoughts on how to improve the public's opinion of our chosen profession. First, the public is ignorant of the educational requirements of this profession. Hardly a day goes by in my work that someone doesn't ask me how long it takes to become a pharmacist. When I explain the intense five year education, their eyebrows are raised in disbelief. The most common reply is that they didn't know it took that long. I usually then name some of the required courses, including some outside the pharmacy area. They usually reply, "I thought you only studied drugs." When I tell them of the hours of internship required, another look of disbelief follows.

This is just one way to improve our image. Letting the public know is important. This is done in the Eckerd's T. V. Commercial when the pharmacist's son says, "Boy, it sure takes a long time to be a pharmacist." I don't feel for a moment, however, that the pharmacist's image is as bad as some say. Everyday someone comes into the pharmacy and asks what he should take for a cold/cough, which vitamin to take, what to take for indigestion, and many other things. These people undoubtedly have respect for the knowledge of the pharmacist.

A young pharmacist told me this story. He had an elderly couple ask him for a wrist brace for the wife who had fallen. After examining the wrist, the young pharmacist suggested the possibility of fracture and recommended an examination by their physician. They said, "thanks, but just give us the brace." Two days later, they were back in the pharmacy, the wife with a cast on her arm. The pharmacist told me this incident gained for him the respect of this couple. Now, the couple seeks this pharmacist out to ask questions and to elicit his advice.

Perhaps the greatest boost in public opinion for the pharmacist would come from an effort to make himself more available to the public by offering more services. Some services he could offer help with are counseling, profiles, tax records, blood pressure screening, talks to school groups, and participation in commu-

nity organizations. I will speak again on the subject of pharmacist involvement later.

I feel that the public opinion of pharmacy is good, but with a little effort, it could be great. Now I will try to explain. . . .

## YOUR PART

Abraham Lincoln once said, "I will study and prepare myself, and some day my opportunity will come." As opportunities opened for Lincoln, so will they open for you as pharmacists. Prepare yourselves to see them and use them as they come.

A pharmacist must keep in step with the times. The public today knows more about drugs than ever before. If you, as pharmacists, have not kept abreast of the times and do not know how your profession can be applied to meet their every need, you will find some of their questions difficult to answer.

You must, as never before, equip yourselves to serve your patients. There has never been a more opportune time for a pharmacist to build prestige and to make a better and more efficient practice of pharmacy.

The best education in the world comes through relating with people. What is learned from teaching and training must be put into practice, but the experience you will get in your different practices can be of more value to you than any training you might get otherwise. However, those who expect to stay in pharmacy as a profession in the future must not neglect to read and study and better prepare themselves for the situations and problems that will arise in working with the public. Therefore, I want to see each future pharmacist here this afternoon become more alert and more anxious to improve himself/herself. In *this* way you will never graduate!

Now I will speak on your involvement, which I mentioned earlier. As pharmacists you will need to be involved in your own communities. What . . . should you be involved in? You can be involved in your schools or your churches. You can be political and help make the decisions in your community. Also, let me ask you to get involved and support your state association—The North Carolina Pharmaceutical Association.

Now for the next two or three minutes I would like to change the thought a little and to say to you . . .

**TODAY IS YOUR DAY!**

There are two days in the week about which one should never worry. One of these days is . . . Yesterday. Yesterday, with its cares and frets, all its pain and aches, all its faults, mistakes and blunders, has passed forever beyond your recall. You cannot undo an act that you did yesterday, or unsay a word that you said. If you wasted time and effort, it is gone forever. All that it holds of your life, your word and your time, can never be reclaimed. All you have is the memories of what happened, sweet or bitter. It was yours . . . Now, it is back again with the creator who gave it.

The other day that we should not worry about is . . . Tomorrow. Tomorrow, with all its possible opportunities, failures and mistakes. Tomorrow is a day that still belongs to God—it doesn't yet belong to you. It is far beyond your mastery as is its dead sister yesterday. Save for the star of hope that gleams on the brow of tomorrow, you have no possession of that unborn day of grace.

There is left for you then, but one day in the week—and that is Today. Any man or woman can fight the battle of today. You can finish today's work—today. You can make today take care of its proportionate part of your year's record—today. If every today is used well, then that means the three hundred sixty five "todays" which you expect to be allotted to you during 1980 will add up a score that will look mighty good at the end of the year.

Plan today's work right, and then use that plan and you need have no worries about tomorrow. It is when we fail to do today's work today that we look back over yesterday with remorse and dread what tomorrow may disclose.

Someone once said, "Tomorrow is God's secret—but, today is yours to live." How much time have *you* wasted today? How much real work have you done? When the day is done, and you look back over what you have accomplished, will you be pleased with it? Your work, your success, your life, depends upon how you use TODAY.

Now, as we close, concluding this special occasion in your life, I would like to repeat these last lines from the Pharmacist's Oath and Prayer.

O God, thou has appointed me to watch over the life and death of thy creatures;  
Here am I, ready for my vocation, and  
now I turn unto my calling.

Jack G. Watts

May 11, 1980

Hill Hall—4:30 pm

UNC College of Pharmacy Graduation

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## "AIRBORNE PHARMACY"

by George Williams R Ph (UNC '72)  
ex-Special Forces Paratrooper

A few weeks ago Ed Wilkerson (UNC '72) a Lieutenant Commander pharmacist in the Public Health Service; "Skip" Clarkson (West Point, USMA) Pfizer representative and I held an impromptu paratroopers' reunion with Captain John C. Levesque R Ph of the 82nd Airborne Division at Fort Bragg, North Carolina. All of us being ex-paratroopers were fascinated by how Captain Levesque became the first paratroop pharmacist in the modern airborne division.

Seated in the main pharmacy where the "clunking" of the Bate's stamper mingled with the rasp of a rifle bolt slamming shut and brightly labeled containers of brand pharmaceuticals contrasted with the surrounding olive drab and camouflage, Captain Levesque began his story.

He graduated from the University of Rhode Island Pharmacy School in 1975 and, like many of us, entered retail pharmacy. After two years in retail, he applied for a direct commission in the US Army and was admitted as a "critical skill" to the officers' basic course at Fort Sam Houston in San Antonio, Texas.

Commissioned in the Medical Service Corps, then First Lieutenant Levesque, wanted a more exciting type of pharmacy and sought a position in the 82nd Airborne Division. The 82nd Division Surgeon, having three Troop Medical Clinics with pharmacies that were not adequately serving his Division was pleased to see Pharmacy Officer Levesque. Levesque reported on May 10th, 1977 after completing parachute school at Fort Benning, Georgia.

Like many of us who were "first pharmacists," John had to carve out an area of responsibility and create his own job. In general, he determines was the 82nd's *users* of pharmaceuticals need and reports that information to the Division Medical Supply Officer who "codes" the requests to supply units. He must make sure the supplies are delivered.

In Troop Medical Clinic #9, Captain Levesque and his pharmacy technicians fill prescriptions and deal with manufacturers' representatives like many of us, but the job has a different direction and is over-whelming in

magnitude. The "customers" are alert, athletic paratroopers—their wives and children—45,000 in number. You hear many languages in the pharmacy lobby: German, Spanish, Korean, Vietnamese or French; the products of past wars and occupations. You will also see a few women paratroopers, a reflection of modern times.

The paratroopers are a youthful force (average age, 22) of mentally and physically conditioned soldiers who form the nucleus of America's Rapid Deployment Force. Paratroopers' lives are demanding and exciting and they are constantly on the move. They operate from an arena of brick barracks surrounded by trucks, tanks and artillery. Constantly, in the background, C-130 "jump" planes, seeming to bulge with paratroopers, stream into the air from the "Green Ramp" at Pope Airforce Base. The roar toward the nearby drop zones leaving thin streaks of exhaust behind.

In the field with his fellow paratroopers, Captain Levesque's work resembles that of a hospital pharmacist. Unfortunately, the components of the hospital may be spread over a large area separated by difficult terrain and bad weather. Since the paratrooper's initial fighting position is one of encirclement Captain Levesque must perform many of the military duties of a parachute officer in the field. He must find and consolidate his supplies inside a protective perimeter that he must prepare and maintain. The next time you have a tough job, you might think of Captain Levesque searching across a dark and possibly hostile drop zone for his pharmaceutical supplies.

Late that afternoon, Captain Levesque accompanied us to Normandy drop zone deep in the Carolina pines. C-130's sailed overhead and several "sticks" of paratroopers blossomed in the sky then floated downward. It was very hot and a thoughtful paratrooper crunched through the deep sand bringing us a jerry can of cold water. As we shared a canteen cup, it seemed only a short time since we had heard those sharp commands: "Stand in the door!" "Go!"

It was nostalgic for Captain Levesque, too. He told us he would be leaving for Camp  
(Continued on Page 25)

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## ELECTION COMMITTEE REPORT

The Election Committee of the North Carolina Pharmaceutical Association met June 18, 1980, at the Institute of Pharmacy in Chapel Hill to count and certify the ballots in the NCPHA election.

Results of the election are:

*First Vice-President of the NCPHA*

Ernest J. Rabil, Winston-Salem

*Second Vice-President of the NCPHA*

Julian E. Upchurch, Jr., Durham

*Third Vice-President of the NCPHA*

Waits A. West, Roseboro

Member of the NCPHA Executive Committee for a one-year term:

Ralph H. Ashworth, Cary

Joseph A. Edwards, Jr., Raleigh

George M. Willets, III, Wilmington

Member of the N. C. Board of Pharmacy for a five-year term:

Harold V. Day, Spruce Pine

Directors of the N. C. Pharmaceutical Research Foundation:

Charles D. Blanton, Jr., Kings Mountain

B. Cade Brooks, Fayetteville

Robert B. Hall, Mocksville

Hoy A. Moose, Mount Pleasant

Members of the Election Committee and alternates were:

Elsie H. Booker

M. A. Chambers

Robert W. Smith

## FROM OUR MEMBERS

Plan Administrator

Winston-Salem Health Care

250 Charlois Blvd.

Winston-Salem, North Carolina 27103

Dear Sir:

For the past several years, area pharmacists have participated in the prescription plan of Winston-Salem Health Care with no increase in our prescription fee, which currently stands at \$2.10. I am aware that past attempts to have this fee raised have been met with failure. You and I both know this is an attempt to get by with as little as possible and still get the job done.

I have been advising my Health Care patients that I will no longer fill their prescriptions at this rate after August 1, 1980. I have also explained that the fee is below almost all other prescriptions plans in the United States and \$.70 BELOW welfare in North Carolina.

I am sorry that Reynolds has so little concern toward an important part of their community, the patients pharmacist. Until pharmacists have input into your fee schedule and a fee established that compares well with welfare schedule for North Carolina, Bridge Street Pharmacy will remain a non-provider for Winston-Salem Health Care patients.

Regards

Gill Ripley

Pharmacist-Manager

Bridge Street Pharmacy, Inc.

Elkin

## RELIEF PHARMACIST

Pharmacist available for relief work in eastern North Carolina. Saturdays and Sundays only. Contact Box RR, NCPHA.

## AIRBORNE PHARMACIST cont.

Zama near Tokyo, Japan soon and another pharmacy officer would be coming in. This will be a loss for the 82nd for John is a bright and forthright officer. During his stay at the 82nd he earned his Master's in Business, ran the 10,000 meter and caused the pharmacy to be recommended for an "All American Unit Citation." I am sure it is due to his good work that the 82nd will have a Pharmacy Officer from now on.

## WATTS AND MEBANE ATTEND SCPHA CONVENTION

Jack G. Watts, Burlington, NCPHA President and Al Mebane, Chapel Hill, Executive Director NCPHA, were guests of the South Carolina Pharmaceutical Association at the Annual Convention of the SCPHA, held at Kiawah Island, S. C., June 15, 16 and 17.

Mr. Watts, a graduate of the University of South Carolina School of Pharmacy, is president of that school's alumni association, and was asked to install the SCPHA incoming 1980-81 officers. Mr. Mebane was an interested observer of another state's convention programs and procedures.

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## **BURROUGHS-WELLCOME SPONSORS SCHOLARSHIP LOAN PROGRAM, AGAIN**

Over one-half million dollars has been invested in scholarship loan funds for pharmacy students as the Burroughs Wellcome Pharmacy Education Program reaches its seventh consecutive year.

Seventy-one pharmacy schools in the United States, two in Canada and one in Puerto Rico have received awards totalling \$442,000 since the program began in 1974. With this year's 156 awards, a total of \$559,000 will have been donated to pharmacy education by 727 awardees.

Awards are made in the name of each winner to the pharmacy school of his/her choice to be used as a revolving student loan fund. Three winning names from each state plus the District of Columbia and Puerto Rico will be drawn at the National Association of Retail Druggists (NARD) Convention in Atlanta, Georgia, September 28 to October 2, 1980.

Burroughs Wellcome will be contacting more than 65,000 community and hospital pharmacies in August inviting their pharmacists to participate by returning a simple entry form. Last year, a record 45,000 entered the program. Any pharmacist not receiving a form may contact their Burroughs Wellcome Representative or write: Pharmacy Education Program, Burroughs Wellcome Co., 3030 Cornwallis Road, Research Triangle Park, North Carolina 27709.

Through this program, Burroughs Wellcome continues its partnership with pharmacy by helping to assure the future of the profession through education.

## **NC SOCIETY OF HOSPITAL PHARMACISTS MEET AT B.W.**

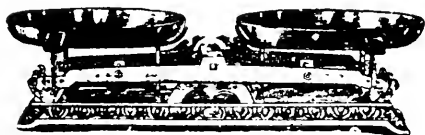
The North Carolina Society of Hospital Pharmacists met June 13, 1980, at the Burroughs Wellcome Co., Research Triangle Park. The program was a series of presentations by pharmacy residents from N. C. Memorial Hospital, UNC School of Pharmacy Division of Pharmacy Practice, Moses Cone Hospital, and Duke Medical Center. The presentations by the residents described their residency projects. The residents were then presented their Residency Certificates by their respective preceptors. The meeting concluded with a business meeting of NCSHP. That evening the meeting group enjoyed an evening at the Village Dinner Theatre.

## **METROPOLITAN MEDIMET PROGRAM TO USE NABP NUMBER**

In response to the efforts of the National Council for Prescription Drug Programs, Inc. (NCPDP) to promote an industry standard for the identification of pharmacies in the area of third party prescription drug claims, Metropolitan Life Insurance Company has decided to use the NABP Number as part of their pharmacy identification. Metropolitan's use of this standard number will also aid in expedient processing of their claims.

The NABP Number, which is maintained by the NCPDP, in conjunction with the National Association of Boards of Pharmacy, is unique for each pharmacy. It is a seven digit number with the first two digits being a state designation. The second group of four digits identified the pharmacy and the last digit is a check digit.

If a pharmacy does not know the NABP Number assigned for their store, they should contact either Metropolitan MediMET Claims Office, 501 Bleecker Street, Utica, New York 13501, (315) 797-6000, ext. 276 or the National Council for Prescription Drug Programs, 3900 East Camelback Road, Suite 506, Phoenix, Arizona 85018, (602) 957-9105, or the NCPHA office in Chapel Hill.



## LOCAL NEWS

## KINSTON

The Lenoir-Greene-Jones Pharmaceutical Society held its monthly meeting on July 9th with Mr. A. H. Mebane, III as the guest speaker. Twenty four members turned out to hear Mr. Mebane speak on the Revised Pharmacy Practice Act. Plans were finalized for the annual New and Retiring Pharmacist and Student Appreciation Banquet which will encompass 12 counties. It was noted that Congressman Charles O. Whitley will be the speaker. The Society also donated \$100 to the Research Foundation and encouraged the members to also make a contribution.

## MOCKSVILLE

Three persons were arrested for attempted breaking and entering at Foster-Rauch Drug Company in mid June. A metal door in the rear of the building was almost destroyed, but the entry was unsuccessful. Black pepper was spread around the rear door in an attempt to foil bloodhounds.

## ZEBULON

Malone Drugs was broken into early Monday morning, June 23. A brick was thrown through the front door glass and the intruder stole about \$75 in cash and jewelry valued at \$100.

## MORGANTON

Thieves took more than \$600 worth of drugs, including controlled substances, insulin and syringes from Eckerd Drug Store, Tuesday night, May 20. According to police, the thieves entered the store through air-conditioning vents.

## RESEARCH TRIANGLE PARK

Heywood Hull III has been promoted to section head of the cardiovascular section in the clinical research department at corporate headquarters, Burroughs Wellcome.

---

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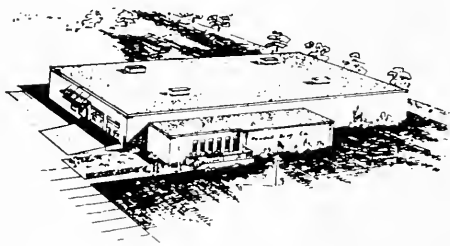
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**WILSON**

Eckerd's Drug Store was broken into Tuesday May 6 and the burglar was arrested soon after. When police arrived at the store to investigate the burglar alarm sounding, a man jumped from the roof and ran into the nearby woods. He was promptly caught. Entry into the store was made through the roof.

**FOUR OAKS**

A Fayetteville man was arrested after trying to obtain Dilaudid with a forged prescription in Austin's Drug Store. When the local police chief was spotted by the forger, he ran through the rear of the store but was arrested a few buildings away.

**MOUNT AIRY**

A Thurmond woman has been judged competent to stand trial in Surry County Superior Court on 34 charges of prescription forgery. The woman had been using false prescriptions to obtain Empirin Compound with Codeine since 1977. Nearly every pharmacy in the county was found to have some of her forged prescriptions.

**DUNN**

Thieves broke into the Anderson Creek Medical Center Monday night, June 2, and got away with a large quantity of controlled substances. Among the drugs reported missing were Demerol, morphine, Valium, Tranxene and Tylenol.

**ROCKY MOUNT**

A Rocky Mount man was arrested and charged with larceny and breaking and entering of Thompson's Pharmacy, early Saturday morning, June 21. The thief was arrested with a large amount of controlled drugs in his possession.

**ROCKY MOUNT**

A large quantity of Schedule II drugs was reported stolen from Raper Drugs Tuesday, June 3rd. Missing were 300 Quaalude, 100 Percocet, 500 Percodan, 50 Demerol tablets, 100 Seconal capsules, 50 Percodan-Demi and a quarter-ounce of Cocaine. Police believe the burglars entered by prying a door from an adjoining store.

**LINCOLNTON**

An undetermined quantity of drugs was stolen from Eckerd's Drug Store Sunday, June 8. A front glass was broken and the intruder entered through the two-by-two foot opening.

**ROXBORO**

The Prescription Shop was broken into Monday night, May 26, and a small quantity of drugs was taken. Entry was gained by breaking out the glass in one of the doors.

**BUTNER**

A potential thief failed in an attempt to enter Quality Drugs the weekend of June 28. The heating and cooling system, through which entry was attempted, suffered about \$100 damage, but the store was not entered.

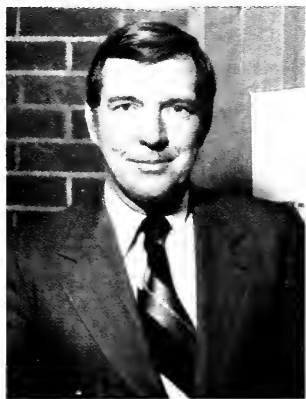
**SHELBY**

Charles W. Rhoden, Shelby pharmacist, has been named to the N. C. Drug Commission by Governor James B. Hunt, Jr. Rhoden is chairman of the Cleveland County Board of Health and is a member of the NARD and NCPHA.



Inductees into the "Fifty-Plus" Club of the NCPHA. Among those receiving their 50+ certificates and pins at the Centennial Convention were: left to right, O. K. Richardson, Boone; W. Dorsey Welch, Washington; M. S. Burt, Durham; L. E. Reaves, Jr., Fayetteville, and Steve W. Frontis, Greensboro.

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Governor James B. Hunt, Jr. (seated) is shown signing the proclamation honoring the North Carolina Pharmaceutical Association. Standing behind the governor are NCPHA officers Joe C. Miller, Jack G. Watts, A. H. Mebane, III, Marshall Sasser and Ernest J. Rabil. (Photo by Colorcraft)

## PROCLAMATION

### JAMES B. HUNT, JR. GOVERNOR

*WHEREAS*, the citizens of North Carolina are indebted to those pharmacists who had the foresight to form the North Carolina Pharmaceutical Association in 1880; and

*WHEREAS*, the objectives and purposes expressed in the minutes of the first meeting in 1880 are still valid—elevation and extension of pharmaceutical knowledge, fostering of education of those employed in the practice of pharmacy, and supervision of the dispensing of drugs and medicine; and

*WHEREAS*, the North Carolina Board of Pharmacy and the University of North Carolina School of Pharmacy were established through the efforts of the North Carolina Pharmaceutical Association; and

*WHEREAS*, the public health and welfare is protected each day by the conscientious pharmacists of North Carolina;

*THEREFORE*, I proclaim the month of April, 1980, as

### NORTH CAROLINA PHARMACEUTICAL ASSOCIATION MONTH

in tribute to the 100 years of leadership and service provided by the North Carolina Pharmaceutical Association.

By the Governor:

James B. Hunt, Jr.

**DEATHS****STEVE W. GOWAN****CLAYTON L. GUION**

Clayton L. Guion, Aberdeen, died January 7, 1980 at the age of 82, in Moore Memorial Hospital in Pinehurst. A native of Union County, Mr. Guion was part owner of Bryan Drug Company in Aberdeen.

Steve W. Gowan, Wallace, passed away November 7, 1979. Gowan was the owner of Gowan Drug Store and served as a member of the Wallace Town Board and Mayor Pro Tem. He was also a part owner of the Rose Hill Drug Store.

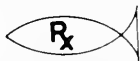
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## BIRTHS

Mr. and Mrs. David S. Moody, Jr. proudly announce the birth of their son, Bryan Ashley Moody, born on June 14, 1980. They have another son, Patrick David Moody, 16 months old.

David is a graduate of the UNC School of Pharmacy, class of 1973 and a member of Phi Delta Chi Fraternity. He is employed at Crabtree Pharmacy in Durham, NC.

## MARRIAGES

*Robin Annette Kluttz* married *Tony Curtis Gurley* of Marion, Saturday May 24 at Peace United Church of Christ, Greensboro.

The bride is a graduate of the University of North Carolina of Pharmacy where she was a member of Rho Chi and Kappa Epsilon. She was vice-president of the senior class and received the Merck Award.

The bridegroom is also a graduate of the University of North Carolina School of Pharmacy and he, too, was a member of Rho Chi. Tony received the Johnson and Johnson award and is a master's degree candidate at the School of Pharmacy. He is a pharmacist at Treasury Drugs, Chapel Hill. The couple will reside in Carrboro.

## STOLEN BLANKS

Prescription blanks for controlled substances have been stolen from Dr. William Hudson, Duke University Medical Center. Forged prescriptions have appeared in Winston-Salem, Roxboro and Greensboro.

## BLAUG SELECTED FOR SQUIBB PHARMACY INTERN PROGRAM

PRINCETON, N. J.—Suzanne Blaug, a fourth-year pharmacy student at the University of North Carolina School of Pharmacy at Chapel Hill, is participating in a 12-week summer internship program at E. R. Squibb & Sons, Inc.

The internship program, which began June 2, is coordinated by the National Pharmaceutical Council and the Student American Pharmaceutical Association. Some 27 phar-

maceutical companies co-sponsor the program that is designed to add to the student's overall knowledge of pharmacy, especially its industrial aspects.

Now in its eighth year, the internship program at Squibb gives the student on-the-job experience in production, quality control, marketing, regulatory affairs and government affairs. In addition to Blaug, two other interns will also visit Squibb's New Brunswick, N. J., and Kenly, N. C., manufacturing facilities as well as the international pharmaceutical company's world headquarters in Princeton, N. J.

Blaug, selected from more than 400 applicants, is a Dean's list student and a member of Rho Chi and the Society of Hellenas honorary societies.

She is president of the Carolina Industrial Pharmacy Society and student representative to the American Association of Colleges of Pharmacy.

Blaug is the daughter of Mrs. Babette G. Blaug of Chapel Hill, N. C. Her late father was the dean of the University of North Carolina School of Pharmacy.



Suzanne Blaug

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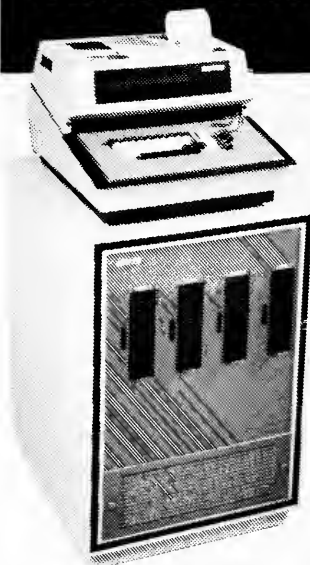
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# THE CAROLINA JOURNAL of PHARMACY

NUMBER 8

VOLUME 60

AUGUST 1980



**Joe C. Miller, immediate past-president, NCPHA, presents the Mortar-and-Pestle Award to Ralph P. Rogers, Jr., at the Pharmacist of the Year Dinner. Story on page 5.**

Photo by Colorcraft

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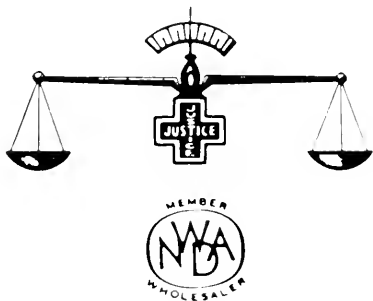
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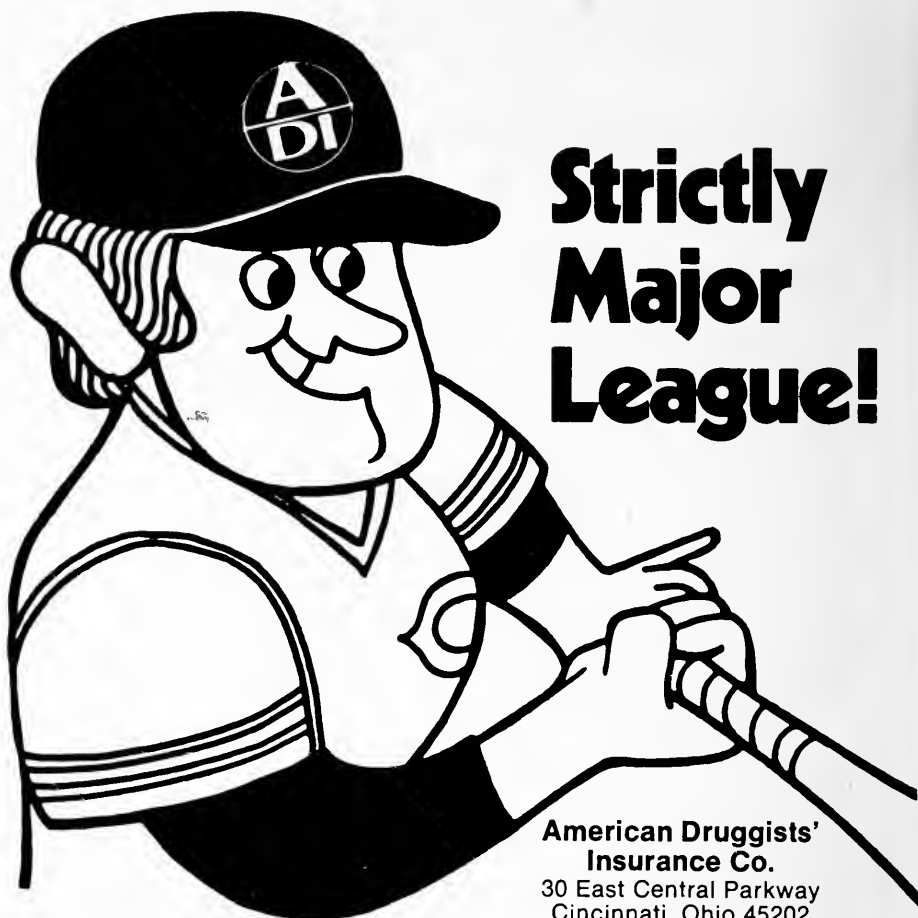
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AUGUST 1980

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**Mortar-and-Pestle Award Recipients: Seated, left to right: Wade A. Gilliam, June B. West, Jean B. Provo, Ralph P. Rogers, Jr., B. Cade Brooks. Standing: Gilbert C. Hartis, James L. Creech, Hoy A. Moose, I. Thomas Reamer, Edwin R. Fuller, B. R. Ward, J. C. Jackson, John T. Henley. Photo by Colorcraft.**



**Program participants, Mortar-and-Pestle Award Dinner: Left to right: Terence George, Jack G. Watts, Joe C. Miller, F. Belton Joyner, Ralph P. Rogers, Jr., Dewey Scarboro, E. S. Swindell and H. C. Cranford, Jr. Photo by Colorcraft.**



**Ralph P. Rogers, Jr.**  
**1980 NCPHA Pharmacist of the Year**

## **ROGERS HONORED AT THE PHARMACIST OF THE YEAR DINNER**

Neither heat of room nor oratory could wilt the spirits of the more than two hundred pharmacists, friends and relatives who honored Ralph P. Rogers, Jr. at the 1980 Pharmacist-of-the-Year Dinner, held Friday night, June 27 at the Hope Valley Country Club in Durham.

Jack G. Watts, President of the North Carolina Pharmaceutical Association, presided over the dinner program, which featured tributes to Mr. Rogers from F. Belton Joyner, pastor of the Trinity United Methodist Church of Durham, H. C. Cranford, Jr., Vice-President, Public Relations, Blue Cross-Blue Shield of North Carolina, E. S. Swindell, Durham County Manager, and Terry George, Wholesale Distribution Manager of Burroughs-Wellcome.

Mr. Rogers was recognized for his leadership as longtime chairman of the Durham County Board of Health, his work with the Durham County Mental Health Advisory Board and the Durham Merchants Association. As manager and Executive Vice-President, he has helped make N. C. Mutual Wholesale Drug Company one of the largest houses of its type in the country, said one of the speakers.

H. C. Cranford, Jr. a lifelong friend of Mr. Rogers, spoke of the determination and perseverance exhibited by the recipient at an early age when he delivered prescriptions and other items for Rogers Drug Store. He also talked about the before and after pictures taken by Mr. Rogers, in connection with downtown Durham Redevelopment. Cranford concluded his comments with "He is what he is and he aint what he aint."

E. S. Swindell commented on Mr. Rogers' ostensible eye for business which has been nurtured over the years, ever since he sold his sister a milkshake made with muddy water for the sum of a nickel. Mr. Swindell referred to the honoree as a "well-educated individual, a dedicated churchman, imminently successful businessman, and esteemed civic leader."

Terry George complimented Mr. Rogers of being the recipient of "The Mortal Pest Award." He commented on Ralph's ready wit, his devotion to his family, and thoroughly entertained the audience with anecdotes about Ralph. Mr. George recognized the business expertise of Rogers by saying that if Ralph had been Moses, we would have twelve commandments—two free with ten.

The Mortar-and-Pestle Award was presented by Joe C. Miller, Immediate Past-president, North Carolina Pharmaceutical Association. Mr. Rogers thanked the Association for the Award and thanked those who had endured the warm evening in his honor. He said his father taught him many things, some of which he still uses, including some business principles. The audience was amused by his tales of what went on in the store in which he grew up in pharmacy. The very pleasant, humorous, thoroughly entertaining, and meaningful program was closed by the recipient with these words, "those of you who have been to Mutual meetings know that at the end of the meetings we usually give away prizes. Tonight Ralph got the prize and I thank you."

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## EVELYN P. LLOYD BOWL OF HYGEIA RECIPIENT

Evelyn P. Lloyd, Hillsborough community pharmacist, has been honored by the North Carolina Pharmaceutical Association as its 1980 recipient of the A. H. Robins "Bowl of Hygeia" Award for outstanding community service.

Lloyd, who practices at James Pharmacy at 111 N. Churton Street, received the award during the association's 100th annual convention in Raleigh.

Making the presentation was Michael S. Anderson, manager of the South Atlantic Division of A. H. Robins Company. Participating in the ceremony was Joe C. Miller of Boone, president of the North Carolina Pharmaceutical Association.

The recipient was born in Durham and received her Bachelor of Science degree in pharmacy from the University of North Carolina.

Lloyd serves as a member and secretary of the Orange County Board of Elections and as vice chairman of the Orange County Board of Health. She also is a member of the Task Force for Hillsborough and for Orange County and a member of the Historic Hillsborough Commission.

In pharmacy, Lloyd is a member and past secretary-treasurer of the Durham-Orange County Pharmaceutical Association, and a member of North Carolina Pharmaceutical Association and the North Carolina Academy of Pharmacy.

The Bowl of Hygeia, most widely recognized international symbol of pharmacy, derives from Greek mythology.

Hygeia was the daughter and assistant of Aesculapius (sometimes spelled Asklepios), the God of Medicine and Healing. Her classical symbol was a bowl containing a medicinal potion, with the serpent of Wisdom (or guardian-ship) partaking of it. This is the same serpent of Wisdom which appears on the caduceus, the staff of Aesculapius which is the symbol of medicine.

The "Bowl of Hygeia" Award, presented annually through the North Carolina Pharmaceutical Association, is a handsome mahogany plaque measuring 10 by 13 inches and featuring the Bowl of Hygeia cast in bronze. It is modeled after a sterling silver bowl made by a Mexican silversmith and given to the A. H. Robins Company by its Latin American representatives in 1953.

A desire to encourage pharmacists to take active roles in the affairs of their respective communities prompted E. Claiborne Robins, chairman of the board, to establish the award in 1958. It is now presented annually by participating pharmaceutical associations in each of the United States, the District of Columbia, Puerto Rico and the provinces of Canada. The recipients are selected by their respective associations.



Evelyn P. Lloyd, Hillsborough, (left) receives the A. H. Robins "Bowl of Hygeia" Award from Michael S. Anderson, A. H. Robins South Atlantic Division Manager, while Joe C. Miller, NCPHA President, looks on.



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## PHARMACIST'S DAUGHTER REIGNS AS MISS KINSTON

Shields Hood, daughter of Mr. and Mrs. John C. Hood, Jr., Kinston, was chosen as "Miss Kinston 1980" in the Jaycee-sponsored preliminary to the Miss America pageant, last November.

Shields is a dancer who began lessons at the age of three, and is currently attending East Carolina University, where she is majoring in French and minoring in Dance. Shields also sings, plays the guitar and has a large collection of needlepoint. She enjoys tennis, particularly with her father, John, when he finds time to play, which he does well.

A graduate of St. Catherine's in Richmond, Shields has traveled in France and Africa. Last summer, she studied dance with the American Dance Festival at Duke University. Shields' ambition is to work with a dance company and be an interpreter for foreign people.



Shields Hood, "Miss Kinston 1980"  
photo by Ken Hamrick.



For filling one million prescriptions, Innes Street Drug Company, Salisbury, was presented a plaque by The Upjohn Company. Pictured with the plaque are: left to right; DeLacy Luke, Upjohn District Manager, Mike Fuller, Ed Fuller, and Sissy O'Daniel, Upjohn Sales Representative.

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## FOOD AND DRUG ADMINISTRATION MEMORANDUM

From

Robert A. Tucker

*Acting Associate Director of Federal/State Relations*

**Subject:** Status advisory of certain unapproved generic drugs  
which the FDA considers to be illegal

We have received numerous inquiries from community and hospital pharmacists, drug purchasing agents, and state drug control officials about the new drug status of certain actively promoted generic drugs. These calls indicate that there is some confusion regarding the approval status of many new generics as they enter the market. Many pharmacists have added a new generic to their stocks only to learn that FDA was seizing the drugs because they were not approved, or that the FDA was requesting a recall because of a potential health hazard.

The FDA supports the concept of drug product selection and through its programs to evaluate and approve generic drug products is facilitating that process. The great majority of generic drugs, and of brand name drugs, are of high quality and are marketed legally. The Agency wants to help maintain the present high standards in the generic drug industry.

Several factors have resulted in an increase in the number of generic drugs on the market. Recently, patents have expired on a number of drugs of major marketing significance. We have seen generic prescribing double over the past decade, and this trend has increased recently as more states approve generic substitution laws. It has been predicted that generic prescriptions will triple by 1985 as more drug patents expire. Currently, many firms have entered the market with their generic counterparts of previously approved drugs. A few have failed to obtain FDA approval of their products before marketing. Although the labeling of these unapproved products is similar or identical to the labeling of the approved products, there is no assurance that these unapproved drug products are bioequivalent or therapeutically equivalent to their approved counterparts. The unapproved products may produce differing therapeutic responses, drug failures, or may even enhance drug toxicity where bioavailability is greater than the approved marketed drug products.

The following is a current listing of certain widely prescribed drug products without approved New Drug Applications (NDAs). Some of the drugs are marketed under various distributor labels, with or without the name of the manufacturer on the label. The FDA considers the products listed below to violate the new drug provisions of the Food, Drug, and Cosmetic Act, whether or not they are marketed under distributor labels. Please note that this list is valid as of June 16, 1980, however, it is subject to change by the marketing of a new unapproved generic or by approval of any of the listed drugs. We will keep you informed of such changes.

<i>Product</i>	<i>Manufacturer</i>
Allopurinol Tablets	Premo Laboratories, Inc. South Hackensack, NJ (Premo)
	Pharmadyne Laboratories, Inc. Elmwood Park, NJ (Pharmadyne)
Betamethasone Valerate Cream	Premo Clay Park Laboratories, Inc. Bronx, NY (Clay Park)
Chlorthalidone Tablets (25 and 50 mg only)	Premo Pharmadyne Zenith Laboratories, Inc. Northvale, NJ
Chlorothiazide Tablets (500 mg only)	Camall Company Detroit, MI
Chlorothiazide with Reserpine Tablets	Pharmadyne

*(Continued on Page 15)*

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Chlorpropamide Tablets	Pharmadyne Chelsea Laboratories, Inc. Inwood, NY
Diethylpropion Hydrochloride Tablets	Pharmadyne Premo
Doxylamine Succinate with Pyridoxine Hydrochloride Tablets	Premo Pharmadyne
Dihydroergocornine Mesylate with Dihydroergocristine Mesylate Dihydroergokryptine Mesylate Tablets	Premo
Furosemide Tablets	Pharmadyne Superpharm Corporation Central Islip, NY
Hydroxyzine Hydrochloride Tablets	Premo Pharmadyne
Hydroxyzine Pamoate Capsules	Premo Pharmadyne
Prochlorperazine Capsules	Pharmadyne
Reserpine with Hydralazine Hydrochloride and Hydroxyzine Tablets	Premo
Spironolactone Tablets	Premo Pharmadyne
Spironolactone with Hydrochlorothiazide Tablets	Premo Pharmadyne
Triamterene with Hydrochlorothiazide Capsules	Premo Pharmadyne
Trifluoperazine Hydrochloride Tablets	Premo
Trimethoprim with Sulfamethoxazole Tablets	Pharmadyne

We have not included Premo's Insulase® (brand of chlorpropamide) in the list because the United States District Court for the Southern District of New York has stated that it is not a new drug and, therefore, does not require premarket approval. The Food and Drug Administration maintains that it is an unapproved new drug however, and has appealed this decision to the U. S. Court of Appeals for the Second Circuit. In the interim, we cannot object to the continued marketing of Insulase.®

The drugs in this list have been the subject of approximately 200 seizures processed by the Food and Drug Administration. Additionally, the Food and Drug Administration has filed injunction actions against Premo, Pharmadyne, and Generix Drug Corporation (Hollywood, Florida) seeking to restrain the shipment of such unapproved new drugs in interstate commerce. Of these, only the Generix action has been ruled on by the court and was decided, in part, for the government.

We strongly urge, before purchasing any drug product whose approval status is uncertain, that the purchaser obtain adequate assurance from the manufacturer attesting that the product is approved by the FDA under a listed NDA/ANDA number. We will be happy to confirm the status on the receipt of your call by our office (telephone: 301/443-6200). This number supercedes any former contact numbers you may have used in the past for providing such general information. When the vendor is a distributor and the manufacturer is not listed on the label, the callers must first contact the distributor to find out who the manufacturer is; we can then advise the caller of the approval status. National Drug Code (NDC) numbers are issued without regard to the approval status and may be held by distributors of a particular drug. Therefore, they can *not* be used to determine whether the drug was approved by the Food and Drug Administration.

If you have any questions regarding the above, please call us at 301/443-6200.

## NEWLY LICENSED PHARMACISTS

Congratulations to the ninety four pharmacists who have received their license as a result of passing the State Board of Pharmacy examinations.

Adams, Carolyn Slockett, Jacksonville, NC  
 Adams, Marijke Heerema, Pembroke Park, FL  
 Adkins, Beverly Kay, Wilmington, NC  
 Allen, Bonnie Lou, Chapel Hill, NC  
 Allen, Michael Callais, Kinston, NC  
 Archbell, Stephen Brinkley, Battleboro, NC  
 Ayer, Bruce Franklin, Chapel Hill, NC  
 Ball, Edwin Lyon, Jr., Durham, NC  
 Base, Cynthia Elizabeth, Cary, NC  
 Bethune, Amanda Allen, Sparta, NC  
 Boynton, Robert Parker, Durham, NC  
 Broadhurst, Betty Whitehead, Statesville, NC  
 Burke, Cecil Raymond, III, La Grange, NC  
 Burney, Robert Lewis, Raleigh, NC  
 Cahill, Kathleen Irene, Salisbury, NC  
 Catoe, Helen Marie, Monroe, NC  
 Clark, Howard Russell, Wilmington, NC  
 Clark, Sarah Key, Raleigh, NC

Conley, Sharon Jean, Caroleen, NC  
 Corey, Phyllis Elaine, Rocky Mount, NC  
 Covert, Carolyn Shelton, Chapel Hill, NC  
 Crabtree, Miriam Lee, Holly Springs, NC  
 Creekmore, Joseph Richard, Riegelwood, NC  
 Davis, Harold Ray, Spruce Pine, NC  
 Davis, James Donald, Jr., Charlotte, NC  
 Deloatch, Kimberly Hardison, Wilson, NC  
 Dinkins, Benjamin Scott, Yadkinville, NC  
 Durham, Stephanie Marie, Greensboro, NC  
 Duvall, Clyde Jefferson, Jr., Brevard, NC  
 Edwards, Beverly Carol, Rocky Mount, NC  
 Edwards, Janet Alexander, Kings Mountain, NC  
 Epley, Randal Lee, Morganton, NC  
 Eubanks, Denise Stocks, Chocowinity, NC  
 Ferrell, Patricia Ann, Charleston, WV  
 Fisher, David Wayne, Carrboro, NC  
 Fitzgerald, Nancy Sue, Winston-Salem, NC  
 Flanagan, Donald Kryn, Raleigh, NC  
 Fotos, Margo Jane, Manteo, NC  
 Fridy, Nancy Lynn, Chapel Hill, NC  
 Gause, Anita King, Wilmington, NC  
 Gibson, James Scott, Hickory, NC  
 Goss, Janice Catherine, Apex, NC  
 Groshans, Debra Loral, Washington, NC  
 Gurley, Robin Kluttz, Burlington, NC

## Announcing...

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Through the cooperation and support of Lederle Laboratories, symposia of special interest to pharmacists are being presented by Pharmacy Associations and Colleges of Pharmacy throughout the United States. These programs, developed by the sponsoring organizations and Lederle, are approved for CE credit. Pharmacists and other health care professionals are welcome to attend.

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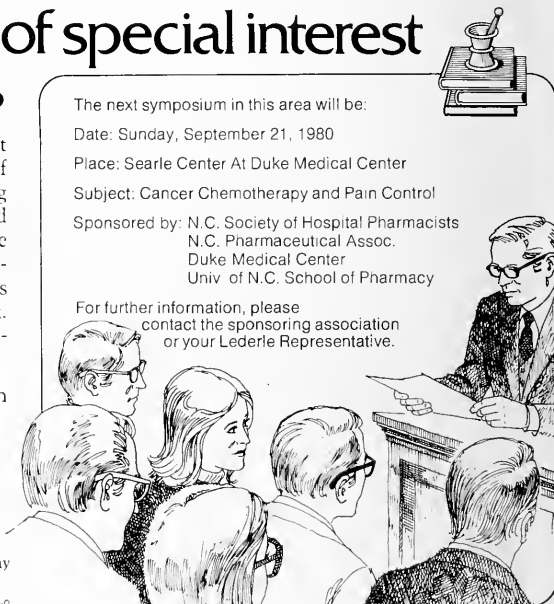
Date: Sunday, September 21, 1980

Place: Searle Center At Duke Medical Center

Subject: Cancer Chemotherapy and Pain Control

Sponsored by: N.C. Society of Hospital Pharmacists  
 N.C. Pharmaceutical Assoc.  
 Duke Medical Center  
 Univ. of N.C. School of Pharmacy

For further information, please  
 contact the sponsoring association  
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 Hayes, Karen Knox, Burlington, NC  
 Hill, Elefteria Tony, Raleigh, NC  
 Jimmo, Richard Edward, Chapel Hill, NC  
 Johnson, Bruce Albert, Kinston, NC  
 Jordan, Laura Christine, Gumberry, NC  
 Karahalios, William John, High Point, NC  
 King, Palmer Wood, Jr., Carrboro, NC  
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 Koury, Kim Dorothy, Winston-Salem, NC  
 Lane, Winston Earl, III, Hertford, NC  
 Lassiter, Jan Gray, Wilmington, NC  
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 Leeds, Robert Sidney, Chapel Hill, NC  
 Lofquist, Elizabeth Ann, Cullowhee, NC  
 Lovins, Cynthia Elizabeth, Lenoir, NC  
 Lowder, Deborah Anne, Winston-Salem, NC  
 Manning, Jane Martin, Greenville, NC  
 Matthews, Jay Milford, Greensboro, NC  
 McCollum, Daryl Wayne, Winston-Salem, NC  
 McKinne, Janice Owen, Asheboro, NC  
 Michaud, Theresa Ann, Wilson, NC  
 Mizelle, Raymond Gerald, Windsor, NC

Molic, Gail Cecilia, Greenville, NC  
 Moseley, Donna Taylor, Kinston, NC  
 Munday, Allen Thomas, Hickory, NC  
 Murray, John David, Durham, NC  
 Nash, Wendy Susan Clary, Valentines, VA  
 Oakley, Gary Miller, Rockingham, NC  
 Panagiotopoulou, Toulia Dimitra, Greenville, NC  
 Parmer, Julie Lynne, Charleston, SC  
 Phipps, Orven Russell, Turkey, NC  
 Potter, Steven Michael, Chapel Hill, NC  
 Preston, David Mark, Raleigh, NC  
 Pridgen, Charla Smith, Southern Pines, NC  
 Rosemeier, Kathryn Ann, Asheville, NC  
 Sebastian, Georganne, Salisbury, NC  
 Sherrill, Mary Claire, Chapel Hill, NC  
 Sigmon, Joseph Kent, Claremont, NC  
 Sykes, James Michael, Spring Hope, NC  
 Tart, Susan Scott, Chapel Hill, NC  
 Thompson, Anne Black, Winston-Salem, NC  
 Tingen, Esther Diana, Greensboro, NC  
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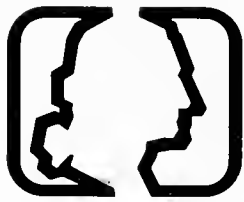
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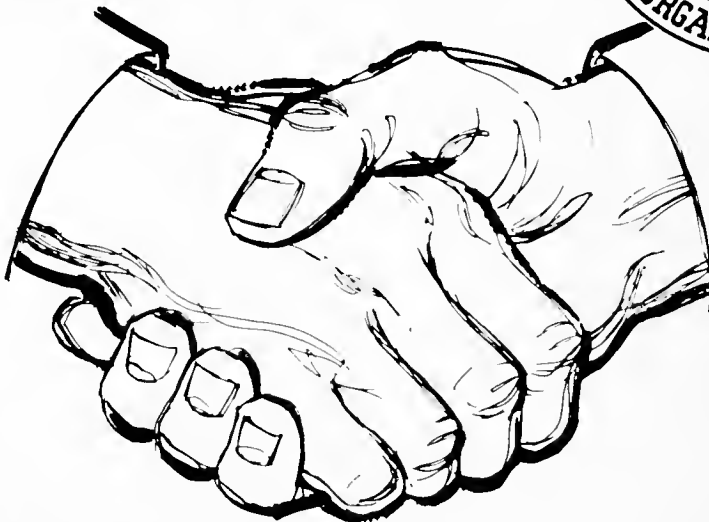
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## RESOLUTIONS

The following resolutions were passed by the North Carolina Pharmaceutical Association in convention assembled, April 15, 1980.

### NCPHA Resolutions Committee

Evelyn Lloyd, Hillsborough, Chairman  
 Roger Cash, Gastonia  
 W. W. Moose, Mount Pleasant  
 A. Wayne Pittman, Chapel Hill  
 Walter K. Saunders, Charlotte  
 Henry L. Smith, Carrboro  
 Consultant: Eugene Hackney, Lumberton

### RESOLUTION

WHEREAS, North Carolina pharmacists have provided an essential health care service for recipients who would not have otherwise received care, and

WHEREAS, there have been only modest changes in the professional fee for delivery of this service, and

WHEREAS, constant economic pressures have rendered these fees inadequate for successful delivery of appropriate pharmaceutical services, and

WHEREAS, members of the North Carolina Pharmaceutical Association recognize the limited financial resources available for conduct of the many State programs, therefore

BE IT RESOLVED, that the Governor of the State of North Carolina be informed of this discrepancy, and

BE IT FURTHER RESOLVED, that the Medicaid prescription dispensing fee be increased for the year 1980-1981 by an amount consistent with increases allocated to North Carolina teachers and State Employees for 1980-1981, and

BE IT FURTHER RESOLVED, that there be established an annual review of the North Carolina Medicaid prescription dispensing fee to accommodate the impact of economic changes.

### RESOLUTION

SUBJECT: Criminal Code bill

WHEREAS, armed robbery in pharmacies in North Carolina is becoming increasingly prevalent, and

WHEREAS, several pharmacists in North Carolina have lost their lives in armed robberies, and

WHEREAS, attempts have been made to include such an amendment in the Criminal Code bill (H.R. 6233) which would classify robberies involving controlled drugs as Federal offenses, therefore

BE IT RESOLVED, that the pharmacists in North Carolina assist in the passage of the Criminal Code bill.

### RESOLUTION

SUBJECT: Rededication for the Next One-Hundred Years

WHEREAS, the year 1980 is a milestone in the history of the North Carolina Pharmaceutical Association, and

WHEREAS, we are observing the 100th Anniversary of the North Carolina Pharmaceutical Association in the City of Raleigh, April 13-15, 1980, during our convention, and

WHEREAS, one of the major events of the convention has been the unveiling and dedication of the historical marker which has been erected on the grounds where the North Carolina Senate Chamber of the historic State Capitol, where the North Carolina Pharmaceutical Association was organized in August, 1880, and

WHEREAS, one of the highlights of the convention was the re-enactment of the founding of the Association, therefore

BE IT RESOLVED, that special thanks be given to Vivian and W. J. Smith for their research, writing, and organization of the re-enactment; and

BE IT FURTHER RESOLVED, that these events will inspire us to set goals for the future graduates who will be entering the profession of pharmacy into the 21st Century.

### RESOLUTION

SUBJECT: Resolution of Appreciation

WHEREAS, the 1980 Annual Meeting of the North Carolina Pharmaceutical Association and its Affiliated Auxiliaries, in convention assembled in Raleigh, North Carolina, April 13-15, was well planned

*(Continued on Page 21)*

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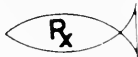
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		Rock Hill	328-5830

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**RESOLUTIONS, Cont'd.**

and executed with regard to the program and local arrangements, and

WHEREAS, it has been a very enjoyable, informative and successful meeting for all who participated; therefore

BE IT RESOLVED, that sincere appreciation be extended to the program participants and committee members—in fact to all those who worked towards the success of this convention; and

BE IT FURTHER RESOLVED, that special recognition and gratitude be expressed to Brenda and Jerry Johnson, whose planning and efforts extending over months contributed greatly to the success of the meeting; and

BE IT FURTHER RESOLVED, that recognition be given the Wholesale Druggists of North Carolina, the Woman's Auxiliary, the Traveling Member's Auxiliary, the convention sponsors, and financial contributors and to all others who in any way helped to inscribe this 100th Convention in the record book as one of Pharmacy's most informative and helpful 3-day annual session.

**RESOLUTION**

SUBJECT: Political Involvement

WHEREAS, there are pharmacy-related measures which will surface in this next session of the North Carolina General Assembly, therefore

BE IT RESOLVED, that each pharmacist of North Carolina be encouraged to work with local pharmacy organizations in promoting political involvement, present political topics for meetings to fellow pharmacists, and to make fellow pharmacists understand the importance of membership in political organizations; to contact North Carolina legislators to make them aware of pharmacy's position on legislative issues; to encourage pharmacists to seek public office and to have more personal political impact and knowledge of legislative issues.

**RESOLUTION**

SUBJECT: Blue Cross Blue Shield Board of Directors

BE IT RESOLVED, by the North Carolina Pharmaceutical Association that;

WHEREAS, the Board of Directors of the North Carolina Blue Cross Blue Shield Corporation has no pharmacist member and,

WHEREAS, the North Carolina Blue Cross Blue Shield Corporation reimburses clients for pharmaceutical services, therefore

BE IT FURTHER RESOLVED, that the North Carolina Pharmaceutical Association requests the North Carolina Blue Cross Blue Shield Corporation to include a minimum of one pharmacist actively engaged in the practice of Pharmacy on its Board of Directors. Upon request of the North Carolina Blue Cross Blue Shield Corporation, the North Carolina Pharmaceutical Association agrees to furnish a list of pharmacist nominees to serve on said board.

**RESOLUTION**

SUBJECT: Notification of Drug Recalls

WHEREAS, pharmacists often hear about drug recalls from their patients who have obtained the information from the news media, and

WHEREAS, pharmacists are trained to discuss with their patients the reasons which might cause drugs to be recalled, therefore

BE IT RESOLVED, that the North Carolina Pharmaceutical Association encourage the Food and Drug Administration and the Pharmaceutical Manufacturers Association and member companies to handle the recall of drugs in such a manner that pharmacists can be informed at least as soon as their patients.

**The Oregon State Rifle and Pistol Association has volunteered to instruct the pharmacists of that state in the proper use of firearms.**

## FORSYTH PHARMACEUTICAL SOCIETY

1980-81 officers for the Forsyth Pharmaceutical Society are:

*President*—James G. Tucker, Jr.

*Vice-President, Social*—Robert L. Moser, Jr.

*Vice-President, Public Relations*—Priscilla Brown

*Vice-President-Program*—John W. Andrews

*Secretary-Treasurer*—Pamela D. Cable

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Mr. William Bardley, Jr., Ph-Mgr.

### Kerr Discount Drugs

1006 W. Cumberland St., P. O. Box 617  
Dunn, North Carolina 28334  
Mr. Herman W. Lynch, Ph-Mgr.

### The Medicine Shoppe #4

444 Owen Drive  
Fayetteville, NC 28304  
Mr. Prescott Godwin, Ph-Mgr.

### Wayne County Health Dept. Pharmacy

301 N. Herman St., Box CC  
Goldsboro, NC 27530  
Ms. Michele A. Mathews, Ph-Mgr.

### The Medicine Shoppe

Baldwin Woods  
Whiteville, NC 28472  
Mr. James D. McNeill, Ph-Mgr.

### Rite Aid Discount Pharmacy

Carolina E. Convenience Ctr.,  
Rt. 11 S & Mall Dr.  
Greenville, North Carolina 27834  
Ms. Violet Pack, Ph-Mgr.

### The Medicine Shoppe of Burlington, NC

305 S. Church Street  
Burlington, NC 27215  
Mr. Joseph Clifford Frazier, Ph-Mgr.

### McFalls Sunset Hills Drug

1610 W. Friendly Road  
Greensboro, NC 27403  
Mr. Richard Phillip Jump, Ph-Mgr.

### Giant Genie Discount Drugs

5110 Park Road  
Charlotte, NC 28209  
Mr. David Coppala, Ph-Mgr.

### Eckerd Drugs

K-Mart Plaza, Rt. 6, Box 6E  
Whiteville, N C. 28472  
Mr. Ronald Enzor, Ph-Mgr.

### Clinic Pharmacy

1901 Hillandale Road  
Durham, NC 27705  
Mr. Jeffrey W. Stillwagon, Ph-Mgr.

### K Mart Pharmacy

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Ms. Patti Kim Rouse, Ph-Mgr.

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# Script

## DEAN'S MESSAGE

As we begin a fresh academic year with new faces among the faculty as well as among the students, allow me to again welcome you to Chapel Hill. To most of you it is a return to familiar surroundings.

This will be an exciting year. We will be celebrating the 100th anniversary of pharmaceutical education on this campus. You are invited to look for periodic announcements and participate in the programs that are planned. A part of the celebration is some major remodeling of Beard Hall which begins in October. This will, I am sure, bring about inconveniences for all of us, and your understanding is requested. We are indeed pleased that funds were made available for this face-lift.

Education in general and pharmacy education in particular face multifaceted problems in the immediate years ahead. This centennial year of pharmacy education on the *Hill* is an appropriate time to reassess what we are doing and why. It is a good time to recognize the supreme importance of taking an active and aggressive stance in directing our own future.



Dean Tom S. Miya



Susan Higgins accepts award on behalf of the UNC School of Pharmacy Student Body, at the AACP meeting in Boston.

## AACP AWARD

Congratulations to our Student Body for winning first place in the American Association of Colleges of Pharmacy Student Public Affairs Competition. Criteria for judging included project originality, impact on public affairs, number of students involved, and number of people reached by the project.

Under the guidance of student directors Susan Higgins and Glenda Harbin, two hundred and thirty of our students participated in the promotion of Poison Prevention Week. They designed and distributed posters and brochures, visited selected pharmacies in 86 North Carolina counties, appeared on radio and television, and wrote newspaper feature articles. An estimated 1.5 million North Carolinians were reached by the campaign.

Their multi-channelled efforts, culminated in increased public education on poisonings and increased awareness that the pharmacist is a concerned health professional who is a well informed source of poison prevention.

Susan Higgins accepted the \$200 award for the students at the AACP annual meeting in Boston in July. The group plans to use the award to help enlarge their poison prevention campaign next spring.

AACP awarded Second Place and \$100 cash prize to the School of Pharmacy and Pharmacal Services at Purdue University for their OTC Drug Fair. Third Place and \$50 cash prize went to the School of Pharmacy at the University of California at San Francisco for their Poison Prevention project.

**It's true . . . A spokesman for the National Earthquake Information Center is Waverly Person.**

## PUBLICATIONS

Dr. I. H. Hall, C. O. Starnes, Dr. K. H. Lee of the Division of Medicinal Chemistry, and T. G. Waddell of the University of Tennessee, are the authors of "Mode of Action of Sesquiterpene Lactones as Anti-Inflammatory Agents," which appeared in the May 1980 issue of the *Journal of Pharmaceutical Sciences*.

Also, Dr. I. H. Hall and K. H. Lee, C. O. Starnes, O. Muraoka, Y. Sumida, and T. G. Waddell authored "Antihyperlipidemic Activity of Sesquiterpene Lactones and Related Compounds," which appeared in the June 1980 issue of the *Journal of Pharmaceutical Sciences*.



## SHREWSBURY JOINS FACULTY

Robert Parks Shrewsbury joined the Division of Pharmaceutics as Assistant Professor June 1, 1980. In 1977, he received his Doctor of Philosophy in Pharmaceutical Sciences from the University of Kentucky, College of Pharmacy. From that time until joining the faculty here, he was with the St. Louis College of Pharmacy as Assistant Professor of Biopharmaceutics.

Dr. Shrewsbury feels that the facilities of the School lend themselves very well to pharmacokinetic studies. He is particularly interested in developing analytical techniques to study the disposition of drugs in rats.

In their short stay here so far, Bob Shrewsbury and his wife, Laura, have been impressed by the warmth and helpful nature of both neighbors and total strangers in the Chapel Hill/Carrboro community.

They have two children, Elizabeth Ann Black and Steven Black. "Libby" is entering college this year and Steve will attend third grade at Carrboro Elementary School.

One of Shrewsbury's main pastimes is keeping his 1967 Chevy running so that the family can pursue their favorite hobby of traveling.



**Robert P. Shrewsbury**

Paris, France where he was inducted as President of the American Society of Pharmacognosy. He was also recognized at the meeting for his long-time services to the Society.

**DR. TOM S. MIYA**, Dean, served on the nominating committee for the recently established International Union of Toxicology, representing the Society of Toxicology held in Brussels, Belgium, during July 6 through 12.

Other major summer service activities of our faculty included the following:

In June, **STEPHEN M. CAIOLA**, Associate Professor, Division of Pharmacy Practice, spoke at the meetings of both the Ohio Society of Hospital Pharmacists and the South Carolina Pharmaceutical Association. His topics were ambulatory pharmacy services in a rural setting and clinical pharmacy services in ambulatory settings, respectively.

**DEAN TOM S. MIYA** served as Chairman of the Toxicology Information Program Committee of the National Academy of Science, National Research Council in Washington, D. C., on June 19, 1980.

In June, **DR. AUTHOR McBAY**, Chief of Toxicology, presented "Marijuana and Driving" to the Committee on Problems of Drug

*(Continued on Page 28)*

## WITH THE FACULTY

Several faculty brought international recognition to our School this summer.

**FRED M. ECKEL**, Professor and Chairman of the Division of Pharmacy Practice, was a guest of the University of Venezuela, from May 26 to June 10. During the two-and-one-half week stay, he presented a course on hospital pharmacy practice.

In May, **DR. JEAN PAUL GAGNON**, Professor and Chairman of the Division of Pharmacy Administration, made a presentation to the International Congress on Medical Informatics at the 3rd Annual World Association for Medical Informatics Meeting in Versailles, France. Dr. Gagnon's presentation concerned the role of the pharmacist as a drug information source for physicians.

In June, **DR. JACK K. WIER**, Associate Professor of the Division of Medicinal Chemistry and Pharmacognosy traveled to

## DRUG INFORMATION REPORTS

### Acetaminophen Underdose

Underdosage of acetaminophen for the treatment of fever or mild pain may be a common pediatric problem in this country. W. G. Beauregard, a private practice pediatrician, discovered that many parents refilled their child's acetaminophen drops container with a less concentrated elixir.<sup>1</sup> Reasons given for this action were either economy or lack of knowledge of the differences in the products' concentrations.

To quantify the extent of this practice, Beauregard polled the parents of young children seen during routine office visits.<sup>1</sup> In 209 separate interviews, he found that only 17 (8%) of the parents interviewed knew that the concentrations of acetaminophen drops and elixir were different, 60 mg/0.6ml and 120mg/5ml, respectively. In fact, 83 of the parents (40%) admitted to having poured acetaminophen elixir into their child's drop container.

Obviously, administration of acetaminophen elixir according to the directions for acetaminophen drops given by a practitioner or the drops container label is an error. Pharmacists should take appropriate steps to remedy this and similar problems if they now exist in their practice.

<sup>1</sup> Beauregard WG: Incorrect dosage of acetaminophen, *Jour Pediatrics* 97: 162 1980.

### DUSK

*The day is dying  
Its crimson hues embrace the sobbing winds  
Whose weary breaths lament its passing.*

*Like silent cats, long low shadows  
Stalk the fading azure summer  
And chase the dreams and children's cries  
From sweet green fields and meadows.*

*The ageless night descends,  
Touching the silent gray stillness,  
And the wind breathes no longer.*

Michael King Jolly 4/5

## FDA CONSUMER NEWS

The April, 1980, issue of FDA CONSUMER carried an article entitled "How to Talk to (And Listen to) Your Pharmacist." The article, published by the Food and Drug Administration, tells patients how they can improve the quality of their health care by carefully selecting and then talking to and listening to their pharmacists. "That person behind the counter—the pharmacist—has many more skills than deciphering the handwriting of doctors. A trained professional, the pharmacist is a good person to know, to talk to, and to listen to," the article states.

### WITH THE FACULTY, Cont'd.

Dependence which met in Hyannis, Massachusetts.

**DR. LAWRENCE HAK**, Associate Professor, Division of Pharmacy Practice, spoke at the Florida Pharmaceutical Association meeting on June 8. His topic was concerning intravenous nutrition management.

**DR. RAYMOND JANG**, Associate Professor and **DR. MELVIN CHAMBERS**, Professor, Division of Pharmacy Administration, participated in the Pharmacy 92L Preceptors Seminar and workshop at the Catawba Memorial Hospital, AHEC, in Hickory on June 19. Together they presented a course overview of Pharmacy Administration. In addition, Dr. Jang spoke on undergraduate preparation in finance and personnel management, pharmacy law, communication and patient counseling.

**CLAUDE U. PAOLONI**, Associate Professor of Continuing Education and AHEC, traveled to Des Moines, Iowa, to meet with the externship coordinator, staff and dean of Drake University College of Pharmacy, to review and evaluate their clinical externship program, June 16-19.

## NEW NCPHA MEMBERS Through July 15, 1980

Amy Jo Alford, Raleigh  
 Kathryn K. Austin, High Point  
 William L. Bass, Jr., Raleigh  
 Richard A. Bethune, Wilmington  
 Sally Shannon Boyce, Greensboro  
 M. Winston Burroughs, Southern Pines  
 David C. Butler, Atlanta, GA  
 Richard Cancilla, Advance  
 Ralph Caricofe, Rocky Mount  
 Helen Catoe, Monroe  
 H. Russell Clark, Wilmington  
 Leonard E. Coats, Raleigh  
 Nicholas A. Collora, Elon College  
 Phyllis Elaine Corey, Rocky Mount  
 Sharon J. Conley, Caroleen  
 David R. Coppala, Charlotte  
 Stephen M. Cowan, Ramseur  
 Miriam Crabtree, Holly Springs  
 Charles E. Creech, Oxford  
 Darrel William Cruthis, Charlotte  
 David L. Dalton, Harrisburg, PA  
 Richard L. Efird, Chapel Hill  
 Debra Groshans, Washington  
 Robin Kluttz Gurley, Carrboro  
 Karen K. Hayes, Burlington  
 Marla Hersh, Texas  
 Jonnie E. Hildreth, Charlotte  
 Rita Tony Hill, Raleigh  
 Cindy Hoover, Burlington  
 Hedy E. House, Charlotte  
 Melvin C. Kendrick, Mayodan  
 John L. Koford, Jr., Lexington  
 Debbie Lowder, Winston-Salem  
 Charles D. McFall, Madison  
 Janice McKinne, Asheboro  
 Gayle Hall Martin, Jacksonville  
 Richard L. Mercer, Kernersville  
 Theresa Michaud, Wilson  
 Midori S. Miya, Chapel Hill  
 Robert Teague Morgan, Roxboro  
 Ralph Edward O'Harrow, Belhaven  
 Julie Parmer, Carrboro  
 Mark W. Pell, Pilot Mountain  
 Samuel B. Petteway, Jr., Rocky Mount  
 William T. Rhodes, III, St. Pauls  
 Patti Kim Rouse, Greenville  
 Brownie D. Schaefer, Fayetteville  
 Evan S. Setzer, Jr., Glen Raven  
 Mary C. Sherrill, Chapel Hill  
 Phyllis M. Smith, Rocky Mount  
 Nancy Stiles, Mooresville

Anne Thompson, Winston-Salem  
 Esther D. Tingen, Greensboro  
 Charles E. Todd, Laurinburg  
 Jack L. Tyler, Greenville  
 L. SuzAnn Wheatley, Concord  
 R. Thomas Whitaker, Weaverville  
 Grey B. White, Burlington  
 J. Graham White, Burlington  
 Richard B. Wilder, Raleigh  
 Robert P. Wisham, Asheville  
 William Ralph Woodell, Elizabethtown

## LOCAL ASSOCIATIONS

Please notify NCPHA of your new officers. We are preparing a mailing list and want to include *all* of your officers. Send the list to A. H. Mebane, III, at NCPHA, P. O. Box 151, Chapel Hill, NC 27514.

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## LOCAL NEWS

### CHAPEL HILL

Elsie H. (Mrs. John) Booker, Chapel Hill, has been awarded the Certificate of Commendation of the American Institute of the History of Pharmacy of Madison, Wisconsin. The Certificates are awarded to those individuals or organizations that make significant and considerable contributions to the historical and cultural aspects of pharmacy. Mrs. Booker was cited for the 25 years of effort in the founding and developing of Patterson's Mill Country Store, Route 6, Farrington Road, Chapel Hill. The store contains pharmaceutical memorabilia most attractively displayed.

### BAILEY

Josephine E. Newell, M.D., of Bailey, North Carolina has been awarded the Certificate of Commendation of the American Institute of the History of Pharmacy of Madison, Wisconsin. The Certificates are awarded to those individuals or organizations that make significant and considerable contributions to the historical and cultural aspects of pharmacy. Dr. Newell, who is President-Elect of the North Carolina Medical Society, was cited for her founding and sustaining of the Country Doctor Museum of Bailey, North Carolina which contains a replica of a doctor's office, a reconstructed pharmacy, a general exhibition, and a herb garden.

### SPRUCE PINE

A lone stocking-masked gunman held up Hospital Drive Pharmacy Monday afternoon, July 21, and obtained an unspecified quantity of drugs. The gunman entered about 2:40 pm, when no customers were in the store and demanded pharmacist Gary Proffitt fill a cloth sack with selected drugs. The bandit left the store on foot.

### MEBANE

Steve Detter, Burlington, is now associated with Carolina Rexall Drug Store, as an assistant pharmacist-manager. Steve was formerly with South Court Drug in Graham.

### WINSTON-SALEM

Two men held up Gene Braddy, manager of the Medicine Shoppe, Monday morning, July 15, and got away with several hundred dollars worth of drugs.

Braddy said two men entered the store about 11:30 am, and one of them had a pistol. He was tied and forced to lie on the floor while the men searched for drugs.

### ELIZABETH CITY

John Stevenson was named Businessman of the Year, by the Elizabeth City Downtown Business Association at the Annual Banquet, held in Camden. Stevenson is a past-president of the North Carolina Pharmaceutical Association and a recipient of the Mortar-and-Pestle Award, given to the NCPHA "Pharmacist of the Year."

### MOUNT AIRY

A break-in at AAA Drugs netted thieves about \$175 in money and an undisclosed quantity of controlled substances, Tuesday, July 8. Entry was gained through a window in the upper level of the building and two cash registers were opened. R. J. Hiatt, co-owner of the store, said the intruders were very selective and knew what they were looking for.

**Monday is a terrible way to spend 14% of your life.**

### HENDERSONVILLE

An armed bandit robbed Allan's Pharmacy of drugs and an undisclosed amount of cash, Wednesday night, July 23rd. The bandit entered the store about 9 pm carrying a pistol, and told the two employees to give him money and any kind of drugs, reported the police.

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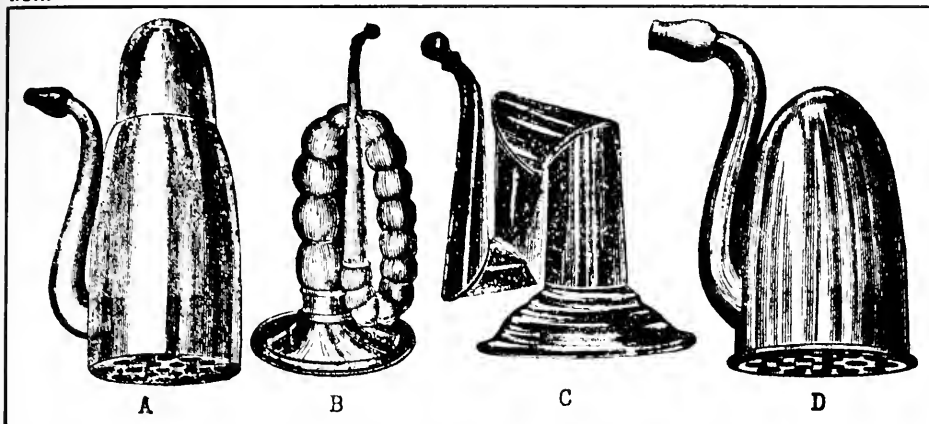
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28801

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Ext. 555, 556

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Catawba Memorial Hosp.  
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Medical Center  
Box 3007 27710

**JACKSONVILLE**  
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Ext. 240

Onslow Memorial Hosp.  
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28540

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## MARRIAGES

*Tommie Joy Early* of Charlotte and *Andrew Bonner Kientz* of Columbus, Ohio were married on Saturday, June 14th in Charlotte, N. C.

The bride is a 1977 graduate of the University of North Carolina School of Pharmacy in Chapel Hill and is a registered pharmacist. Mr. Kientz is a 1977 graduate of the Duke University School of Engineering and works as a design engineer for HPM Corporation in Mt. Gilead, Ohio. The couple now reside in Columbus, Ohio.

---

Miss *Cathy Christina Mabry* and *Upton Jerome Barrett* were married Saturday, May 31 at First Presbyterian Church, Cherryville.

The bride is a senior majoring in social work at Mars Hill College and will complete her education in December. She is a member of Omega Kappa Alpha sorority and the National Association of Social Workers. The bridegroom is a 1977 graduate of the University of North Carolina School of Pharmacy and a member of Kappa Psi pharmaceutical fraternity. He is employed as pharmacist-manager at Houser Drug Company. The couple will reside at Cherryville.

---

*Linda Janelle Corey* and *Michael Sugg Woodard* were united in marriage Sunday, June 29th at Sweet Gum Grove Baptist Church, Greenville. The double ring ceremony was solemnized by the Rev. Willis Wilson.

The bride is a graduate of the University of North Carolina at Chapel Hill and is a registered dental hygienist in Durham. The bridegroom graduated from the University of North Carolina at Chapel Hill School of Pharmacy and is employed by Eckerd Drugs in Raleigh. The couple will reside in Raleigh.

## RELIEF PHARMACIST

Pharmacist available for relief work in eastern North Carolina. Saturdays and Sundays only. Contact Box RR, NCPHA.

## BIRTHS

*Patricia C.* and *Robert E. Giddings* of Chapel Hill announce the birth of their daughter *Kristina Vasily* on July 21st at Durham County General Hospital. *Kristina Vasily* weighed 7 pounds 9 ounces and was 19 $\frac{1}{2}$  inches long at birth.

Mr. & Mrs. *James Herbert Estes* announce the birth of a daughter, *Melissa Karen*, on July 21. Mrs. Estes is the former *Sonja Perry* and a 1974 graduate of the UNC School of Pharmacy. She is currently Pharmacy-manager of K-Mart Pharmacy, Western Blvd., in Raleigh. Her husband is sales representative for *Thomas J. Lipton, Inc.*

## W. DORSEY WELCH, JR.

*W. Dorsey Welch, Jr.*, Washington, died July 16, 1980, after several years of declining health. He was 73 years old.

Welch served as president of the North Carolina Pharmaceutical Association in 1958-59 and was recognized in 1964 as the NCPHA "Pharmacist of the Year." He recently received his "Fifty-Plus" pin at the 1980 NCPHA convention held in Raleigh.

A native of Chowan County, he attended Mars Hill College and the UNC School of Pharmacy, where he received his PH.G. in 1928. After graduation he was associated with stores in Elizabeth City, Rocky Mount, Wilmington and Morehead City. He purchased *George Washington Drug Store* in Washington in 1937 and changed the name to *Welch's Drug Store* in 1939. He was an organizer, past president and member of the Northeastern Carolina Pharmaceutical Society, and a member of the N. C. Academy of Pharmacy.

He is survived by his wife, *Louise*, and daughter, *Mrs. Jane Welch Page*, also of Washington, a pharmacist.

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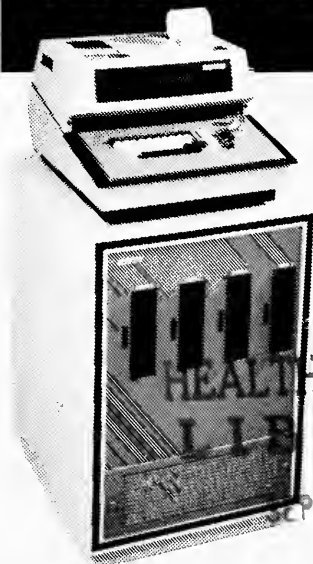
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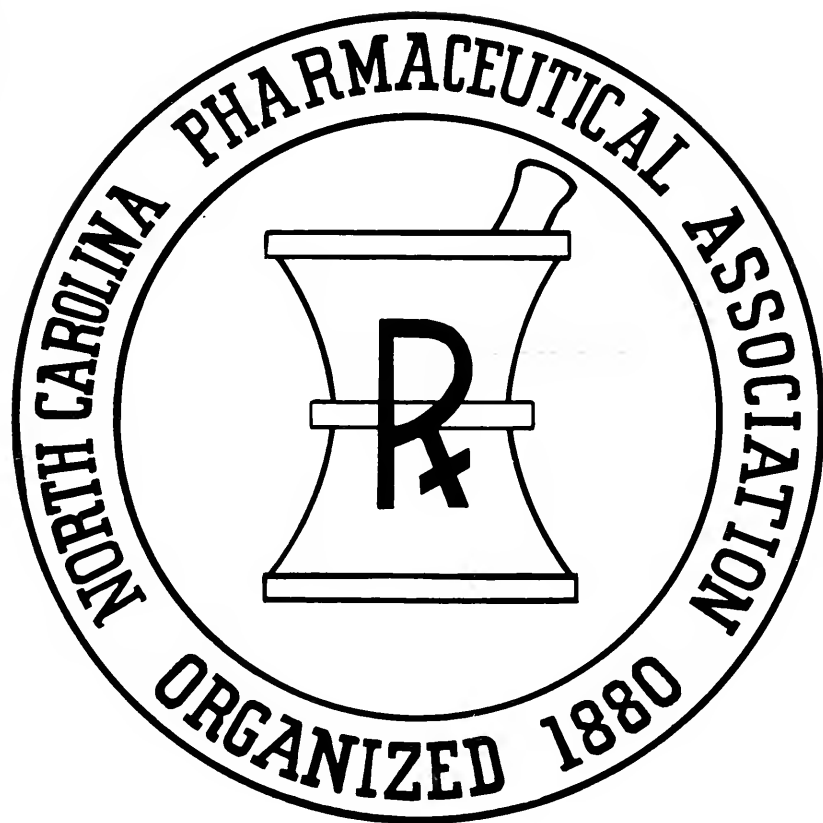
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NUMBER 9

VOLUME 60

SEPTEMBER 1980



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# THE CAROLINA JOURNAL of PHARMACY

SEPTEMBER 1980

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VOLUME 60

NUMBER 9

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## THE WATTS LINE



## ENTHUSIASM

Have you ever looked into a dictionary to learn what the word "enthusiasm" really means and is? Well I have—just before sitting down to prepare this message to my fellow Pharmacists. I'll not give you the dictionary definition. After reading this, if you are so led, then do so.

Enthusiasm, is almost something of the past with many Pharmacists. For sure this is not a true statement about all our Pharmacists, but I must say what I think and what I observe.

To be enthusiastic about your profession is to permit the mind to grasp certain facts, faith and hope revived and the heart warms. Energy takes command. The impossible becomes possible.

Did you have certain definite ideas about just what you wanted to accomplish when you became a pharmacist? Did you work out plans whereby you might accomplish them? How well are those plans working? Is energy and determination in command, or are you following the line of least resistance?

Ladies and Gentlemen. We are builders. Year by year we have seen the great structure of our profession rise. As we built, we did not seek size alone, but rather for enduring strength.



Jack G. Watts  
President, NCPHA

You likewise, are a builder. You are building character, reputation and good will. You are building a profession on this and it will take enthusiasm, believe me, if you are working for permanent values.

Stop for a moment and think of what your advice and efforts have meant to individuals and homes throughout your area. Think what it means to a family to have you there—Their Pharmacist. The fact that you get joy and pleasure out of your work by rendering conscientious service should help you. This alone should make for enthusiasm.

Dear Pharmacist. Think of these things for a little while, and if your heart grows warm, yield to that inspiration, for that is true enthusiasm. It will bring you joy in your profession.

It is characteristic of us human beings to take things that we have long been associated with for granted and allow them to become commonplace.

We do not want the Pharmacy Profession to become commonplace. So, let's think **ENTHUSIASM!**

## MENTAL HEALTH CARE, DRUG THERAPY AND COMPLIANCE—PART II

BY

Robert J. Allen

Chief, Pharmaceutical Services

North Carolina Department of Human Resources

Division of Mental Health, Mental

Retardation and Substance Abuse Services

The first article in this series described the care delivery system for the mentally ill, retarded, and substance abuser in North Carolina. The objective of this article is to further classify the disorders treated in this system of care, the medications used in treatment, their effects and side effects. In addition, guidelines for appropriate psychotropic drug use are presented to aid the pharmacist in assessing the rationality of patient drug therapy regimens reviewed.

### PSYCHIATRIC DISORDERS—Definitions

The following definitions taken from a *Psychiatric Glossary*<sup>1</sup> are intended to describe the conditions most likely to require management with psychotropic medications. A more exhaustive description of mental disorders can be found in *DSM-III, Diagnostic and Statistical Manual of Mental Disorders*.<sup>2</sup> *Neurosis (psychoneurosis)*: An emotional maladaptation arising from an unresolved unconscious conflict. The anxiety is either felt directly or modified by various psychological mechanisms to produce other, subjectively distressing symptoms. The neuroses are usually considered less severe than the psychoses (although not always less disabling) because they manifest neither gross personality disorganization nor gross distortion or misinterpretation of external reality. The neuroses are classified according to the predominating symptoms. Common neuroses are anxiety neurosis, depressive neurosis, hypochondriacal neurosis, hysterical neurosis and phobic neuroses.

*Psychosis*: A major mental disorder of organic or emotional origin in which the individual's ability to think, respond emotionally, remember, communicate, interpret reality, and behave appropriately is sufficiently impaired so as to interfere grossly with his capacity to meet the ordinary demands of life. Often characterized by regressive behavior, inappropriate mood, diminished impulse control, and such abnormal mental content as delusions and hallucinations. The term is applicable to conditions having a wide range of severity and duration (e.g., schizophrenia, manic-depressive psychosis, depression, involutional melancholia, and organic brain syndrome).

*Schizophrenia*: A large group of disorders, usually of psychotic proportion, manifested by characteristic disturbances of thought, mood, and behavior. Thought disturbances are marked by alterations of concept formation that may lead to misinterpretation of reality and sometimes to delusions and hallucinations. Mood changes include ambivalence, constriction, inappropriateness, and loss of empathy with others. Behavior may be withdrawn, regressive, and bizarre.

*Depression*: A number of types of depression are recognized. The depressive neuroses and psychotic depressive reactions occur in response to a precipitating event which may include a loss or threatened loss of loved persons or objects, or internal conflict. The psychotic depressive reaction is distinguished by severe functional impairment and by a loss of reality with regard to one's circumstance. Signs of depression may vary in different age groups. In children, manifestations of depression may include regression, obsessive compulsive symptoms, acting out behavior and the development of somatic complaints.

The major affective disorders, which include manic-depressive psychosis and involutional melancholia, are not readily attributable to a specific loss or stress and the depression is of a psychotic nature. Specific symptomatology which may accompany depressions includes: agitation, somatic preoccupations, sleep disturbances, appetite disturbances, delusions and hallucinations, and suicidal ideation and activity. The symptoms are considered due to the mood

*Cont. on Page 7*

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Their views on profes-

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disorder rather than other psychopathologic processes such as schizophrenia, alcoholism or metabolic processes such as hormonal disturbances.

**Anxiety:** Apprehension, tension, or uneasiness that stems from the anticipation of danger, the source of which is largely unknown or unrecognized. Primarily of intrapsychic origin, in distinction to fear, which is the emotional response to a consciously recognized and usually external threat or danger. Anxiety and fear are accompanied by similar physiologic changes. May be regarded as pathologic when present to such extent as to interfere with effectiveness in living, achievement of desired goals or satisfactions, or reasonable emotional comfort.

## **PSYCHOTROPIC DRUG CLASSIFICATION, CLINICAL PHARMACOLOGY, AND SIDE EFFECTS/ADVERSE REACTIONS**

The following outline classifies the psychotropic drugs, their therapeutic action, common side effects and adverse reactions. More indepth coverage of this subject can be found in standard clinical pharmacology text books.

### **I. NEUROLEPTICS**

#### **A. Subclassification**

1. Phenothiazines
  - a) aminoalkyl—ex. chlorpromazine (Thorazine)
  - b) piperidyl—ex. thioridazine (Mellaril)
  - c) piperazine—ex. trifluoperazine (Stelazine)
2. Thioxanthines—ex. thiothixene (Navane)
3. Dibenzoxazepine—ex. loxapine (Loxitane)
4. Indole—ex. molindone (Moban)
5. Butyrophenone—ex. haloperidol (Haldol)

#### **B. Therapeutic Actions**

1. Dopamine blockade
2. Sedation
3. Reduction in psychotic symptoms
4. Palliative, not curative

#### **C. Side Effects/Adverse Reactions**

1. Autonomic—dry mouth, skin
2. Cardiovascular—Arrhythmias, tachycardia, hypotension, syncope
3. Dermatological—photosensitivity, pigmentation
4. Endocrine—weight gain, altered thermo-regulation, amenorrhea, galactorrhea
5. Gastrointestinal—constipation
6. Neurological—extrapyramidal effects (pseudoparkinsonism, akathisia, dystonias, dyskinesias), tardive dyskinesia
7. Ophthalmological—retinal pigmentation, blurred vision
8. Genitourinary—urinary retention, altered libido, impotence

### **II. ANTIDEPRESSANTS**

#### **A. Subclassification**

1. Tricyclics—ex. amitriptyline (Elavil)
2. Monoamine Oxidase Inhibitors—ex. isocarboxazid (Marplan)

#### **B. Therapeutic Actions**

1. Mood elevation in depressed subjects
2. Sedation
3. (TCA) Adrenergic/serotonergic action
4. (MAO) Inhibition of amine degradation at synapse

#### **C. Side Effects/Adverse Reactions**

1. Neurological—(TCA)—sedation
2. Cardiovascular—hypotension
3. Gastrointestinal—dry mouth, constipation
4. Genitourinary—impotence, urinary retention
5. MAOI Drug Interaction—tyramine containing foods, sympathomimetics.

### III. ANTIMANIC AGENTS

A. *Subclassification*—Lithium Carbonate

B. *Therapeutic Action*

1. Inhibition of NE and serotonin release
2. Mood "leveling" effect

C. *Side Effects/Adverse Reactions*

1. Neurologic—lethargy, fatigue, giddiness, confusion, slurred speech, muscle weakness, blurred vision
2. Gastrointestinal—nausea, cramps, diarrhea, irritation
3. Endocrine—thyroid dysfunction, diabetes insipidus, thirst

### IV. ANXIOLYTIC AGENTS

A. *Subclassification*

1. Benzodiazepines—ex. diazepam (Valium)
2. Propanediols—ex. meprobamate (Miltown)
3. Antihistamines—ex. diphenhydramine (Benadryl)

B. *Therapeutic Actions*—sedation

C. *Side Effects/Adverse Reactions*

1. CNS—Confusion, slurred speech
2. G. U.—urinary retention
3. Cardiovascular—hypotension

### PSYCHOTROPIC DRUG PRESCRIBING GUIDELINES

These guidelines were developed by Division physicians and pharmacists. They represent the consensus of recognized authorities in the field of psychopharmacology modified to be as practical as possible in the settings where they will be employed.

It is impossible, given the current state of knowledge, to establish absolute rules to cover every situation. These guidelines are intended to address the majority of situations; in most cases,

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exceptions are permitted provided that clinical justification is present and documented in the chart.

The guidelines are intended to be used to assist physicians in providing what is currently felt to be the best possible medical care. They will need to be revised periodically to reflect changes in knowledge and practice. They are also intended to assist facility pharmacists and Pharmacy and Therapeutics Committees to perform their required review and monitoring functions.

## GUIDELINES<sup>3</sup>

### I. NEUROLEPTICS

- A. *INITIAL USE OF NEUROLEPTICS*. Neuroleptics should normally be used in the treatment of patients with diagnoses of psychosis, mental retardation with a behavior disorder, and chronic anxiety where anxiolytic medication has either proven ineffective or is contraindicated due to severe abuse potential. Clinical justification for other uses should be clearly documented in the chart before treatment is initiated.
- B. *MAXIMUM DOSAGES*. Thioridazine should *never* be used above 800 mg/day. For other neuroleptics, each facility shall adopt the recommended maximum dosages in a standard reference work (such as the *American Hospital Formulary Service* or the *PDR*). These dosages may be exceeded provided that clinical justification, including a reasonable trial on sub-maximum dosages without success, exists for exceeding the recommendations and is documented in the chart.
- C. *CONCURRENT USE OF MORE THAN ONE NEUROLEPTIC*. The use of more than one neuroleptic at a time should be avoided except in the following situations:
  - i. When the regular neuroleptic is not available in parenteral form, another neuroleptic may be used parenterally on a temporary basis.
  - ii. In all other situations, a combination of neuroleptics should not be used unless a reasonable trial of a single agent has been unsuccessful, and documentation has so established.
- D. *CONCURRENT USE OF A NEUROLEPTIC PLUS AN ANTIDEPRESSANT*. The combination of a neuroleptic and an antidepressant should be used primarily in the following circumstances:
  - i. Schizoaffective disorder
  - ii. Concurrent symptoms of psychosis and depression
  - iii. Concurrent depression and severe anxiety which is unresponsive to either the antidepressant alone or to an anxiolytic
  - iv. In low dosages for certain cases of chronic (psychogenic) pain
  - v. Obsessive-compulsive neurosis

The continuation of such a combination must be reviewed after 28 days, and thereafter periodically to determine the clinical necessity for continuing both medications.

- E. *CONCURRENT USE OF A NEUROLEPTIC AND AN ANXIOLYTIC*. The combination of a neuroleptic and an anxiolytic should be employed only after clinical trials have demonstrated lack of effectiveness of either medication alone.
- F. *PERIODIC EVALUATION FOR TARDIVE DYSKINESIA*. Each patient on continued neuroleptic medication shall be carefully evaluated by the physician no less frequently than every three months for signs of tardive dyskinesia. If such symptoms appear, the patient's physician, in consultation with another physician, shall decide upon the continued use of such medication, especially if the patient appears to be non-responsive to the neuroleptic. Such determination shall be documented in the chart.

### II. ANTIDEPRESSANTS

- A. *INITIAL USE OF ANTIDEPRESSANTS*. Antidepressant medication should be primarily used for the treatment of the following conditions:
  - i. Major affective disorder (DSM-III)
  - ii. Other affective disorders (DSM-III) with vegetative symptoms
  - iii. Schizoaffective disorder, depressed (DSM-III)

Cont. on Page 11

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These concerns ranged from security against crimes to meeting continuing education requirements. Some talked about the need for quality generics, product liability protection and more product information. Another was interested in better ways to train and motivate employees.

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Other indications include school phobias, enuresis, panic-anxiety attacks, migraine headaches, chronic (psychogenic) pain, and certain obsessive-compulsive disorders.

Whenever an antidepressant is used, clinical indications for its use should be clearly stated in the chart.

- B. *CONCURRENT USE OF MORE THAN ONE ANTIDEPRESSANT.* No patient should be treated with more than one tricyclic antidepressant or more than one MAO inhibitor at the same time. It is permissible to combine a tricyclic with an MAOI after clinical demonstration that either drug alone is ineffective in treating the condition.
- C. *CONCURRENT USE OF AN ANTIDEPRESSANT AND A NEUROLEPTIC.* See I. D. above.

### III. LITHIUM

- A. *INDICATIONS FOR USE.* Lithium is indicated for the treatment of manic-depressive disorder (bipolar affective disorder) either acutely or prophylactically. It has also been shown to be effective in certain cases of violent or impulsive personality disorders. It may be used concurrently with either neuroleptics or antidepressants as clinically indicated.
- B. *PRE-LITHIUM WORKUP.* Each facility shall establish an approved set of laboratory determinations, including thyroid function tests, ECG, kidney function tests, and electrolytes, which shall be evaluated prior to initiation of lithium therapy.
- C. *FOLLOW UP FOR CONTINUED USE.* Blood levels of lithium should be obtained throughout therapy with lithium; in addition, some evaluation of kidney and thyroid function should be obtained at least every 6 months for patients on chronic lithium therapy.

### IV. ANXIOLYTICS (any medication used for the reduction of anxiety)

- A. *CONCURRENT USE OF MORE THAN ONE ANXIOLYTIC.* No patient should be treated concurrently with more than one anxiolytic, for any purpose. Anxiolytics include the benzodiazepines (including flurazepam) as well as other types such as meprobamate and hydroxyzine. This guideline includes the use of anxiolytics for other purposes, such as to prevent withdrawal, sedation/hypnosis, and muscle relaxation.
- B. *CONTINUED USE OF ANXIOLYTICS.* No anxiolytic should be used continuously for more than one month; after such a time period, a trial off of anxiolytic medication should be attempted before resumption. Anxiolytic medication should be withdrawn carefully in patients who have been on large doses for periods longer than one month.
- C. *CONCURRENT USE OF AN ANXIOLYTIC AND A NEUROLEPTIC.* See I.E. above.

### V. SEDATIVE-HYPNOTICS. (any medication used for the purpose of producing sedation or relieving insomnia).

- A. *INITIAL USE OF SEDATIVE-HYPNOTICS.* Sedative-hypnotic medication should not be routinely or prophylactically employed. Before their use, an attempt should be made to determine the etiology and the severity of the insomnia, and to treat the specific etiology where possible. Neuroleptics should never be used primarily as sedative-hypnotics. It is permissible to use sedative-hypnotics during the first several days of hospitalization until the cause(s) for insomnia can be determined.
- B. *CONTINUED USE OF SEDATIVE-HYPNOTICS.* No patient should remain on a sedative-hypnotic for greater than one month. Each patient should be withdrawn from medication at least every month, and fully evaluated before therapy is re-instituted.

### VI. ANTIPARKINSON MEDICATION

- A. *INITIAL USE OF ANTIPARKINSON MEDICATION.* Antiparkinson medication (including anticholinergics, diphenhydramine, and amantadine) should not be used prophylactically to treat extrapyramidal side effects of antipsychotic medication unless clinical history establishes a high risk in that patient of such side effects. When medications which may produce such side effects are initiated, it is acceptable to order PRN antiparkinson medication provided that the target symptoms are clearly elucidated so that non-physicians may accurately recognize them. After side effects are controlled with medication, it is suggested that reduction in doses of the neuroleptic be

*Cont. on Page 12*

tried to see if side effects may disappear without continued use of antiparkinson medication.

- B. **CONCURRENT USE OF MORE THAN ONE ANTIPARKINSON MEDICATION.** No patient should be treated with more than one antiparkinson drug at the same time for the extra-pyramidal side effects of other medication. Patients receiving such medication for other purposes may require a combination; if extrapyramidal symptoms exist as well, avoid multiple drugs wherever possible (such as with patients requiring anticholinergic medication for gastrointestinal problems).
- C. **CONTINUED USE OF ANTIPARKINSON MEDICATION.** No patient should be treated with antiparkinson medication for extrapyramidal side effects for longer than three months continuously. At the end of each three-month period, the patient should be taken off of antiparkinson medication, and it should not be resumed until the documented appearance of new extrapyramidal symptoms, unless the patient has had recurrence of extrapyramidal symptoms after withdrawal antiparkinson medication on at least two occasions in the past.

Part III, the conclusion of this article, will discuss recidivism (the percentage of psychiatric patients receiving the traditional hospital regimen of drug treatment and perhaps some form of individual or group therapy, who are unable to remain out of the hospital), its relationship to psychotropic drug therapy non-compliance (defaulting) and strategies and interventions that the community and hospital pharmacist can employ to help minimize this problem.

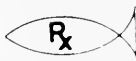
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Furthermore, generic imitators of Librax® to our knowledge are not in compliance with the new drug provisions of the *Federal Food, Drug and Cosmetic Act*. Accordingly, Roche Products Inc. is the only lawful manufacturer of this product. This is significant since safety, quality control, manufacturing and other data relevant to the safety of generic imitators would thus apparently not have been reviewed by either FDA or the State of North Carolina.

It is also very important to note that clidinium bromide is an anticholinergic that is manufactured from a substance, 3-quinuclidinyl benzilate, many times more potent than clidinium bromide. This starting material is an impurity which if present at certain levels in the finished product can cause dangerously accentuated anticholinergic effects.

In light of this, extremely high standards have been established by Roche Products Inc. for the manufacture of Librax®. While such specifications exist for Librax®, Roche Products Inc. obviously has no control over the manufacture or quality of the generic products.

It is hoped that the above information clarifies any questions concerning the status of Librax®.

## COURT RULES IN FAVOR OF ROCHE

A preliminary injunction in favor of Roche Products Inc. was issued on September 3, 1980 by Judge Vincent P. Biunno of the U. S. District Court of New Jersey. The order prohibited Premo Pharmaceutical Laboratories, Inc. from producing, advertising, selling, or offering to sell any product containing the active ingredients of Roche's Librax® product in a light green capsule similar to the Roche product. Judge Biunno termed Premo's copying of the Roche Librax trade dress "an underprivileged imitation of the physical appearance" of Roche's Librax. Premo was also enjoined from stating, suggesting or implying in any manner, direct or indirect, that its product is the same as, similar to, or comparable with Roche's Librax.

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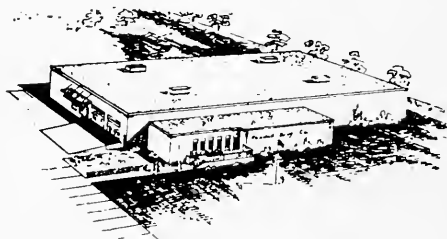
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Henry Wellcome first encountered the world of pharmacy at the age of 13 when he assisted in the family drugstore in Garden City, Minnesota. He later graduated from the Philadelphia College of Pharmacy. It was in Philadelphia that Wellcome met a fellow student who was to have a profound influence on his life—Silas Burroughs.

A native of New York, Burroughs also graduated from the Philadelphia College of Pharmacy. He took a position with John Wyeth, a leading drug firm, and was sent to London in 1878. Two years later, Wellcome joined him there.

The principal factor in the decision of Burroughs and Wellcome to start their own business was the new compressed tablet. Although the compressed pill was first made in England as early as 1843, the great technical advances had been made in America in the 1870's. Burroughs Wellcome & Co. quickly

developed a lead in the technology of compressing medicines into tablets.

In 1894, Wellcome was the first to establish a research facility within a pharmaceutical company. Many drugs and biologicals have been developed within the Wellcome Research Laboratories. In the past 30 years alone, Wellcome scientists have discovered compounds used in the treatment of malaria, leukemia, gout and a wide range of bacterial diseases. An immuno-suppressive agent discovered by the company has been used in nearly all kidney transplants. In April, Burroughs Wellcome received FDA approval to market Viroptic® brand Trifluridine, a new drug designed to treat herpes simplex virus infections of the eye.

When Wellcome died in 1936, the terms of his will created a unique corporate structure. The Wellcome Trust, a seven-member board, was established as the sole shareholder of the affiliated Wellcome companies around the world. Instead of distributing dividends to public stockholders, Burroughs Wellcome Co. gives its distributable profits to the Trustees, who in turn use the money to fund research programs all over the world. The Trust does not support research programs conducted by the company's scientists at Research Triangle Park, North Carolina. This research is funded through sales of drug products.



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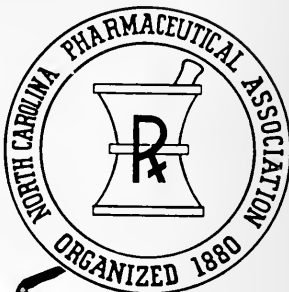
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 Luke Blackmer ..... 2116 Brookwood Rd., Charlotte, NC 28211  
 Raymond Brockwell ..... 3405 Cherry Lane, Raleigh, NC 27607  
 C. T. Byerly ..... 2315 Sprunt St., Durham, NC 27705  
 Raymond G. Carroll ..... 424 Summit Ave., Statesville, NC 28677  
 F. Garland Coble ..... 901 Fairmont St., Greensboro, NC 27401  
 G. E. Cory ..... 3600 Madison Ave., Greensboro, NC 27403  
 A. G. Cox ..... 2513 Club Blvd., Durham, NC 27705  
 J. M. Darlington ..... 2232 Westover Dr., Winston-Salem, NC 27103  
 L. R. Davis ..... 1816 Dalton Rd., Greensboro, NC 27408  
 L. D. Davidson, Sr. .... PO Box 5, Mauldin, SC 29662  
 M. J. Dean ..... 2100 Matheson Ave., Charlotte, NC 28205  
 W. O. Ezell ..... 890 W. O. Ezell Blvd., Spartanburg, SC 29301  
 W. P. Farthing ..... 2040 Coniston Pl., Charlotte, NC 28207  
 D. J. Finch ..... 405 W. Gannon Ave., Zebulon, NC 27597  
 G. C. Hartis ..... 800 Kenwick Drive, Winston-Salem, NC 27106  
 Ben Hawfield ..... 2001 Brandon Circle, Charlotte, NC 28211  
 W. L. Johnson ..... Oakhurst Farms, Gibson, NC 28343  
 Josh Lancaster ..... 126 Whitaker St., Clayton, NC 27520  
 F. T. Mathews ..... 611 Myers Lane, Greensboro, NC 27408  
 W. Forest Matthews ..... 1615 Oberlin Road, Raleigh, NC 27608  
 Morris S. Michael ..... 44 Sleepy Hollow Drive, Asheville, NC 28805  
 H. H. Montgomery ..... 324 Buncombe St., Raleigh, NC 27609  
 Norman B. Moury ..... 237 Shady Hollow, Casselberry, FL 32707  
 L. M. McCombs ..... PO Box 7, Creedmoor, NC 27522  
 David F. McGowan ..... 803 Old Mill Road, Chapel Hill, NC 27514  
 J. Auddy Parker ..... PO Box 9587, Charlotte, NC 28205  
 C. G. Perry ..... 506 Peach St., Kannapolis, NC 28081  
 F. F. Potter ..... 1227 Wendover Rd., Charlotte, NC 28211  
 W. P. Rogers ..... 236 Country Club Rd., Asheville, NC 28804  
 Reuben C. Russell ..... 5431 Providence Rd., Charlotte, NC 28211  
 Clarence H. Smith ..... Edgehill Terrace Apt. #113, 1030 Edgehill Rd., Charlotte, NC 28207  
 H. C. Starling ..... 1909 St. Mary's St., Raleigh, NC 27608  
 T. K. Steele ..... 2431 Randolph Rd., Charlotte, NC 28201  
 Herbert Taylor ..... 113 West Grace St., Williamston, NC 27892  
 O. C. Trogon ..... 1406 Cardinal Pl., Greensboro, NC 27408  
 Phil Van Every ..... PO Box 2389, Charlotte, NC 28207  
 A. C. Vickers ..... 1250 Partridge Rd., Spartanburg, SC 29302  
 T. B. Waugh ..... Route 1, Box 88-A, Climax, NC 27233  
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# Script

## DEAN'S MESSAGE

### TIRES, ANTIFREEZE, PACKAGE LIQUOR AND SLIPPERS (TAPS)

Most of us know that *TAPS* is the last bugle call at night blown as a signal that lights are to be put out; also a similar call blown at military funerals and memorial services. What relationship does this have with pharmacy? Plenty! For a large segment of our population it represents the image of pharmacy practice, and it will dim the light (hopefully not put it out) for progress in our profession. The idea for this message came to me just a few hours ago as I was discussing the North Carolina Pharmacy Practice Act currently under review with some non-pharmacists. Their image of a pharmacy was where the consumer can not only purchase tires, antifreeze, etc., but where such merchandise is emphasized.

At a time when progressive pharmacists in this state are working towards a great future for pharmacy and, for a selected group, the right to prescribe, we need to assess how pharmacy is practiced. I would be the first to say that each pharmacist has the freedom to practice in a manner which makes it economically possible. My plea is that we do not lose our perspective on the *primary* purpose of a pharmacy.

### A Bit of History—September 23, 1880

Under the heading "Pharmacy," Dr. Battle's *History of the University of North Carolina* says:

On the 23rd of September, 1880, the College of Pharmacy was added to the University with the following professors:

Kemp P. Battle, LL.D., *President*

Thomas W. Harris, A.M., M.D., *Professor of Materia Medica and Pharmacy*

Frederick W. Simonds, M.S., *Professor of Botany*

Francis P. Venable, Ph.D., *Professor of General, Analytical, and Applied Chemistry*

During the spring term three lectures a week were given on Structural and Physiological Botany. Special attention was required for analysis of plants and the making of herbaria. In Chemistry there were three lectures a

week for nine months, written examinations in December and May, oral quizzes often, and six hours required in the laboratory each week. The well appointed laboratories of the University gave every facility for work, which included the reaction of drugs, tests for their impurities, and the detection of poison.

Dr. Harris in *Materia Medica* and *Pharmacy* gave instruction in the description of the articles of *Materia Medica*, their physical properties, their impurities and tests for the same, the action of poisons and their antidotes.

The pharmacy and medical students had free access to libraries and museums, including cabinets of minerals, plants, and medicines.

—Alice Noble  
History of the School  
of Pharmacy, 1961

## PHARM. D. PROGRAM

The University of North Carolina Board of Governors recently approved the establishment of the Doctor of Pharmacy (Pharm. D.) program at the School of Pharmacy.

Dean Miya stated, "This is the culmination of 12 years of exhaustive planning and evaluation. It reflects the increased demand on Pharmacy to provide a clinically oriented, more sophisticated pharmaceutical specialist."

The new professional degree will be offered as an optional program to a selected number of students, not to exceed 15 per year, beginning with the 1981-1982 academic year.

Candidates for the Doctor of Pharmacy Degree must have completed a minimum of 4 years of academic study in an accredited college of pharmacy. The course of study for the Pharm. D. Degree will encompass a minimum of 4 semesters and 1 summer (20 consecutive months). Admission preference will be given to applicants residing in the state of North Carolina.

Dr. Ralph Raasch serves as chairman of the Pharm. D. Admissions and Review Committee. Other representatives of the committee are Claude Piantadosi, Medicinal Chemistry; William A. Wargin, Pharmaceutics; Raymond Jang, Pharmacy Administration; Lawrence J. Hak, Pharmacy Practice; Claude U. Paoloni, AHEC; and Associate Dean LeRoy D. Werley.

Application materials are being finalized and should be available by October 1st.

## AACP ANNUAL MEETING

The UNC-CH School of Pharmacy was well represented at the 81st annual AACP Meeting held in Boston in July. Many faculty took part in making the meeting a success:

Dean Tom S. Miya served as a panelist at a Joint Council Meeting of Deans, Faculty, and Sections.

Dr. James Olsen served as Representative to Council of Sections Administrative Board.

Dr. Jean Gagnon served on the Administrative Board of the AACP and also as Immediate Past Chairperson of Council of Sections.

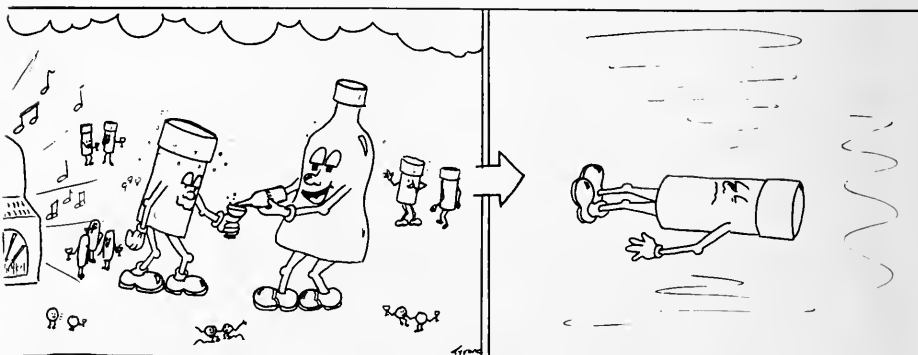
Stephen Caiola, Patsy Huff, Celeste Lindley, and Sandra Hak presented a Poster Session on Ambulatory Care Pharmacy Practice—A Professional Elective.

Dr. George Cocolas presented a summary report on "Research and Graduate Affairs" to the House of Delegates. He also presented the Rufus A. Lyman award for the best paper published this year in the AJPE Journal which he edits.

Dr. Raymond Jang spoke on Developing and Measuring Empathy in Pharmacy Students.

Fred Eckel served as Moderator of Workshop on "Developing Self-Instructional Materials for Use with Undergraduate and Continuing Education Programs in Pharmacy."

Carolyn Clayton served as Moderator for Communications with the Public: Strategies for Pharmacy Schools.



Drug Interactions

Significant Drug Reaction

## DRUG INFORMATION REPORTS

### TERATOGENICITY ASSOCIATED WITH BENDECTIN®

A Controversial Issue  
by Patsy Huff

The possible association of Bendectin® with congenital abnormalities has received considerable attention in the current medical literature and by the press. Consequently, patients often question the safety of this drug when it is prescribed for nausea and vomiting of pregnancy. Bendectin® was marketed in 1956 containing three ingredients: dicyclomine, doxylamine and pyridoxine. In 1976 dicyclomine was eliminated from the formulation in the United States because its effectiveness could not be documented. A number of reports have appeared in the literature drawing attention to congenital malformations associated with Bendectin®.

In 1977 an investigation by the Canadian Medical Association failed to detect any specific pattern of congenital abnormalities in over 100 cases reported world-wide.<sup>1</sup> In 1978 an English report which suggested a congenital malformation syndrome was associated with Bendectin® was followed by similar reports.<sup>2</sup> Subsequently, several instances of similar malformations were reported in infants whose mothers had not taken Bendectin®.

A number of studies, both prospective and retrospective, using large numbers of subjects have not found Bendectin® to be associated with birth defects. In one study the incidence of congenital abnormalities in 628 children who had been exposed to Bendectin® in utero was no greater than in 4,353 children whose mothers had not been prescribed drugs for nausea and

vomiting of pregnancy.<sup>3</sup> In England where the three-ingredient formulation of Bendectin® is still marketed, a study tracing over two thousand patients receiving prescriptions for Bendectin® during pregnancy was conducted. Researchers found no evidence to suggest an association between Bendectin® and birth defects.<sup>4</sup>

Evaluations of reports and epidemiological studies by the Food and Drug Administration have not revealed any evidence to suggest that Bendectin® is teratogenic.<sup>5</sup> This may be an important factor in medical liability considerations. Presently, there are insufficient grounds to label Bendectin® a teratogen. In fact, it may be impossible to distinguish between coincidence and a very low level of teratogenicity with present methodology.

### References

1. Dickson JH: Congenital deformities associated with Bendectin. *Can Med Assoc J* 117:721, 1977.
2. Donnai D, Harris R: Unusual fetal malformations after antiemetics in early pregnancy. *Br Med J* 1:691, 1978.
3. Milkovich L, Van Den Berg BJ: An evaluation of the teratogenicity of certain antinauseant drugs. *Am J Obstet Gynecol* 125:244, 1976.
4. Smithells RW, Sheppard S: Teratogenicity testing in humans: A method of demonstrating safety of Bendectin. *Teratology* 17:31, 1978.
5. Bendectin. In Office of Public Affairs (Rockville, MD): FDA Talk Paper. DHHS Publication No. T79-49. Food and Drug Administration, 1979.

For further information contact: Patsy Huff or David Rudd, Division of Pharmacy Practice, University of North Carolina at Chapel Hill.

## SAPhA

If you weren't at the biggest, most successful SAPHa picnic in recent history—you really missed something!

Nearly 300 students and faculty turned out at "The Farm" for the annual schoolwide affair honoring the 3/5's and welcoming back all the rest of us. The late August heat and humidity didn't slow down any of the activities. Volleyball, softball, and even bag races were available for all athletically inclined.

The "dog days" weather didn't slow down the appetites either. Over 300 hotdogs and 250 hamburgers were consumed—nearly double last year's totals.

It appears that the interest in the picnic is also an indication of interest in the SAPHa organization. By the end of the first week of classes, 200 students had joined.

For those unfamiliar with SAPHa, the purpose of the organization is to encourage students to participate in programs designed to enhance the profession of pharmacy. Through membership in this organization, students may involve themselves in the profession on the local, state, regional, and national levels.

Monthly meetings are always held on the first Tuesday at 7:30 p.m. They feature interesting and informative speakers who discuss topics that are relevant to the professional aspects of pharmacy practice.

Membership also entitles the student to receive SAPHa, APha, and NCPHa publications, to have a voice in all transactions of the Student Branches, and to attend annual regional and national conventions. In addition, all members may attend the NCPHa annual meetings with no registration fee.

If you haven't joined yet, contact Linda Hollowell, 4/5. She'll be glad to help you.

## NEW SHS PHARMACY

In the Spring, a modern full-time pharmacy opened to serve the new Student Health Service facility at UNC-CH. A. Wayne Pittman, Assistant Professor, and graduate students of the Division of Pharmacy Practice, were heavily involved in the design and planning of pharmacy services.

Currently, the modern facility offers professional outpatient prescription services to students as well as providing inpatient services to the 27 bed facility. Such progressive services as intravenous admixtures, non-sterile formulations, unit dose inpatient drug distribution, and drug information will be implemented soon.

This fall, Mr. Pittman, who has served as Director of Pharmacy Services of the previous infirmary for seven years, turned over the directorship to Betty H. Dennis, Assistant Professor of the Division of Pharmacy Practice.

Ms. Dennis says "The modern Student Health Service, with its many patient services and specialty clinics (including Mental Health, OB-GYN, Dermatology, and Sports Medicine) is an excellent environment for innovative pharmacy practice. We are able to provide patient profiles with consultation services, and a relaxed environment for patients. The Pharmacy also provides an educational site for pharmacy students and supports 1½ pharmacy practice residencies."

Outpatient Hours are: 9:00-5:00 M-F and 9:00-12:30 Saturday.



Betty Dennis and Wayne Pittman discussing plans for the new Student Health Service Pharmacy. Photo by Linda Hollowell.



State of North Carolina

JAMES B. HUNT, JR.  
GOVERNOR

WHEREAS, the health of all citizens is protected by the education and training of pharmacists at the University of North Carolina at Chapel Hill; and

WHEREAS, all citizens may be proud of the heritage of pharmacy education at the University of North Carolina at Chapel Hill since September 23, 1880; and

WHEREAS, the School of Pharmacy continues to adapt to changing needs of citizens of this state;

THEREFORE, I proclaim the week of September 21-27, 1980, as

PHARMACY EDUCATION WEEK

and commend this observance to our citizens.

By the Governor,  
*James B. Hunt, Jr.*  
James B. Hunt, Jr.

## STUDENT LOAN PROGRAM RECEIVES \$3750

The NCPHA Student Loan Fund recently received \$3750 from the Burroughs Wellcome Co. pharmacy education program. Five pharmacists designated UNC School of Pharmacy as the recipient of the award of \$750 each. Three of the pharmacists are from North Carolina and two are from out-of-state. They are:

Ellerbe W. Griffin, Jr.

Griffin Drug Store  
Kings Mountain, NC

Shelton B. Boyd  
Boyd Drugs  
Mount Olive, NC

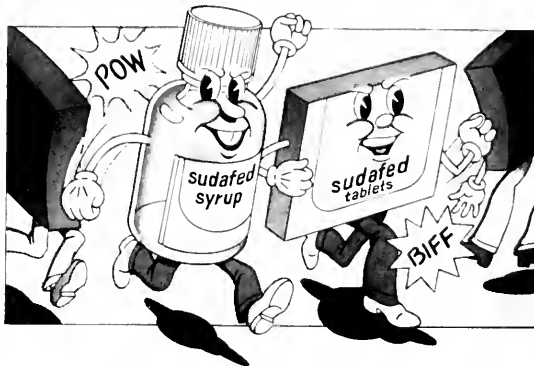
A. R. Johnson  
Flynn's Drug Store  
Winston-Salem, NC

Cdr. Emil L. Cekada  
U. S. Public Health Service  
Anchorage, Alaska

George C. Young  
Drug Way  
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Give the fastest growing cold product the shelf space it deserves...and it'll sell itself.

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(pseudoephedrine HCl)  
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## LOCAL AND DISTRICT NEWS

### GOLDSBORO

The Lenoir-Greene-Jones Pharmaceutical Society sponsored the Fourteenth Annual New and Retiring Pharmacist and Student Appreciation Banquet on August 6, 1980 at the Walnut Creek Country Club. Sixty three people from twelve counties attended to hear Congressman Charles Whitley give an address on the effects of Federal mandates and regulations on the Pharmacist's practice.

Following a welcome issued by Norman Lewis, the invocation was given by Hugh Clark. In his usual manner of being brief and interverted, John Hood recognized our honored guest who were Alisa Boyette of Beulaville, Ray Burke of Kinston, James Barden of Kinston, Julie Lane of Faison, Dick McKinley of Kinston, Greg Garris of Smithfield, and Danny Hardy of Kinston. Among those who attended were Dean Leroy Werley, assistant Dean of the UNC School of Pharmacy, Jack Watts, President of the NCPHA, Marshall Sasser, President-Elect of the NCPHA, Margaret Boyd, President of the Ladies' Auxiliary of the NCPHA, and Rep. Malcolm Fulcher of Carteret and Onslow Counties. A brief visit was paid by UNC Basketball Coach Dean Smith and UNC Chancellor Chris Fordham.

### WILMINGTON

Bruce Canady, Pharm.D. in the Wilmington AHEC, has become involved in the local Hospice organization. Dr. Canady serves on the "Pain Control" committee with an area physician, a hospital nursing clinical director and a public health nurse.

The committee is charged with formulating guidelines for pain management and other associated problems. A chief component of the program is to re-educate practicing health professionals in the philosophy of treating terminally ill patients, as well as patient and community education. The goal of Hospice is to provide both physical/Pharmacological and psychologic/emotional support for the terminally ill patient in the home environment.

### JOHNSTON COUNTY

The Johnston County Pharmaceutical Society had a "pig-picking" social with the doctors of the county at the Smithfield Wildlife Club on September 17. A fine evening of food and fellowship was enjoyed by the forty to fifty

people present and doctor-pharmacist relationships were greatly enhanced as the physicians, who were the pharmacists' guests, showed that they could dissect a barbecued pig in a matter of minutes. The pharmacists showed, however, that they were every bit the equal of the physicians in this matter of art, and in short order only the bones remained.

Special guests were Dr. David Work and Al Mebane and they discussed with physicians and pharmacists the new product selection act. This discussion was beneficial to physician and pharmacist alike. The evening ended on a mutual note of support from pharmacists and physicians and both groups agreed that this should be done again in the future.

Carlyle Woodard

Sec-Treas.

Johnston County Pharmaceutical Society

### CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary Executive Board met on Tuesday, August 12 for a 10:30 a.m. business luncheon at the home of the president, Mrs. Jesse E. Oxendine at Lake Norman. After the luncheon there was a relaxing afternoon with swimming, fishing and boating.

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Winston-Salem, NC 27102  
Telephone 919/723-8811



**Pilot  
Life**

## WEDDINGS

*Cynthia Louise Cox* of Wilkesboro and *Charles Leslie Yelverton* of Charlotte were married on Saturday, June 7, in North Wilkesboro.

The bride is a 1980 graduate of the University of North Carolina School of Pharmacy in Chapel Hill and was a member of Alpha Delta Pi Sorority. She now works for Kerr Drug. The bridegroom is a 1979 graduate of the University of North Carolina School of Pharmacy and was a member of Phi Delta Chi Fraternity. He works for Eli Lilly. The couple will live in Fayetteville.

*Kimberly Joy Peterson* of Clinton and *Orven Rusell Phipps* of Turkey were married on July 27 in Clinton.

The bride is a 1980 graduate of the University of North Carolina at Chapel Hill. The bridegroom is a 1980 graduate of the University of North Carolina School of Pharmacy and a member of Kappa Psi Fraternity. He is employed by Sampson County Memorial Hospital. The couple will live in Clinton.

## CONTEST WINNER(S)

The items pictured in the August Journal were correctly identified as Ear Trumpets by several members. The first correct answer was received from E. A. Brecht (as usual) and the second was from W. Robert Bizzell, Kinston.

Using a formula based on postal mailing times, distance from the mailing site, proximity to a post office, and other factors too complicated to be explained, Mr. Bizzell has been declared the winner and a suitable award will be forwarded to him. Congratulations to all who entered the contest. Other challenges will appear in future issues.

## LENOIR-GREENE-JONES

Officers of the Lenoir-Greene-Jones Pharmaceutical Society are:

President—Norman C. Lewis, Snow Hill

Vice-President—W. Robert Bizzell, Kinston

Secretary-Treasurer—Patsy Seymour, Kinston



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Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

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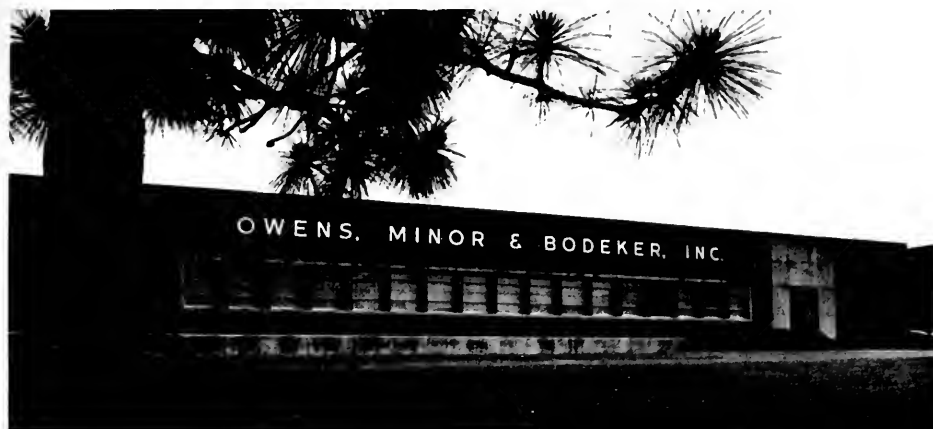
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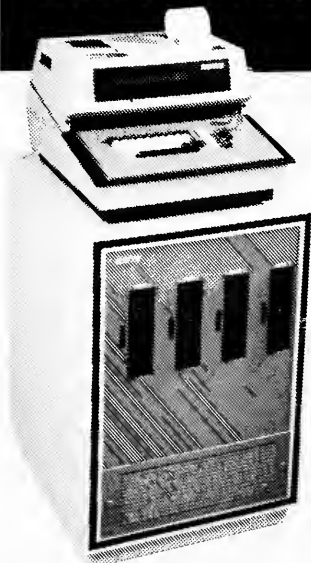
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NUMBER 10

VOLUME 60

OCTOBER 1980

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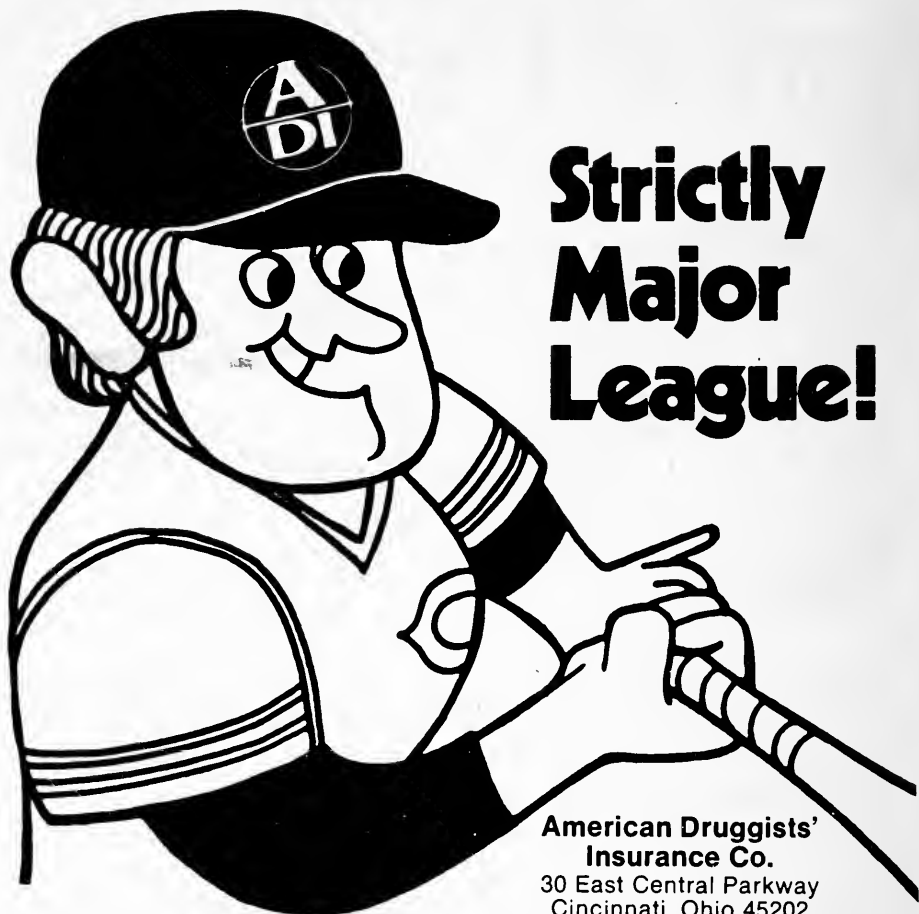
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# THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

OCTOBER 1980

VOLUME 60

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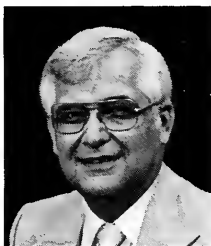
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Pharmacy memorabilia, books and records, sealed in waterproof plastic, are displayed before being placed in the Pharmacy Time Capsule. Photo by Colorcraft.



Julian E. Upchurch, Jr., Marshall Sasser, Evelyn P. Loyd and Jack Watts complete the filling of the Pharmacy Time Capsule. Photo by Colorcraft.



Mrs. J. Marshall Sasser, President, Woman's Auxiliary is shown dedicating the Centennial Wall-Hanging. Seated are J. Marshall Sasser, Jack G. Watts, and H. Shelton Brown, Jr. Photo by Colorcraft.



The Centennial Wall-Hanging, flanked by Mrs. Robert L. Smith, Chairman, Wall-Hanging Committee and members Mrs. W. Grover Creech and Mrs. LeRoy D. Werley, Jr. Photo by Colorcraft.



## FOUNDERS' DAY CELEBRATION

Organized in 1880, the North Carolina Pharmaceutical Association culminated its One Hundredth Anniversary, Saturday, October 4, 1980, at the Institute of Pharmacy in Chapel Hill by burying a Pharmacy Time Capsule, to be opened in 2080.

H. Shelton Brown, Jr., Cary, presided over the proceedings as Chairman of the Founders' Day Committee of the NCPHA. The invocation was given by J. Marshall Sasser, Smithfield, President-elect of the Association.

Jack G. Watts, Burlington, President of the North Carolina Pharmaceutical Association, dedicated the capsule.

"1880 marked the year of the formation of our association and as we spend this year of 1980 renewing and comparing our achievements over the past 100 years, we pray the pharmacists of 2080 will find the "signs of our times" of interest and value. There has been a dramatic change in the 100 years of pharmaceuticals used by pharmacists. We are sure the pharmacist of the year 1980 A.D. will see the same dramatic change in the drugs they dispense to their patients.

If there is one legacy we (Pharmacists of 1980) could leave for the following generation, it would be this—Man's most noble trait is the pursuit of excellence. When excellence prevails in one's heart and mind and hands, it enriches all people. In bringing this dedication to a close, it is with a feeling that we have accomplished much good," said Mr. Watts.

The Executive Committee placed the items including contemporary Pharmacy memorabilia, programs and tapes from the Centennial Convention recently held in Raleigh, and books and records important to pharmacy and the NCPHA in the Capsule.

Miss Evelyn P. Loyd, Hillsborough, a member of the Founders' Day Committee concluded the celebration.

"The time capsule that we address today, to those who come after us in the year 2080, will no doubt be looked upon a century from now as fascinating evidence of details in pharmaceutical science and practice of an age gone by. One can only imagine the pleasure and interest we ourselves would have experienced if those who came before us had left a similar capsule to be opened in the year 1980. We cannot even begin to imagine what such a vault might contain if it were prepared a hundred years from now by a new age of pharmacists for the twenty-second century, but it is something to think of as we commit to the future, our own time capsule here today."

The Pharmacy Time Capsule was buried in the Rose Garden on the grounds of the Institute of Pharmacy. A bronze marker reading "Beneath this marker lies the time capsule of the North Carolina Pharmaceutical Association. Sealed this day, October 4, 1980. To be opened August 11, 2080" will be placed over the capsule at a later date.

Mrs. J. Marshall Sasser, Smithfield, Immediate Past-President of the Woman's Auxiliary, NCPHA, dedicated the commemorative Wall-Hanging hand crafted by members of the Woman's Auxiliary, and presented it to the Pharmaceutical Association.

It is with pride in our heritage and an appreciation for the profession of pharmacy, that I, on behalf of the Woman's Auxiliary, present to you, the North Carolina Pharmaceutical Association on your 100th Birthday, our commemorative wall-hanging. The heritage of the past is the seed that brings forth the harvest of the future. It is our hope that it will enrich our lives, not only in this milestone year in history, but will help us to recall our heritage with pride as we look toward the future; and will indeed be a thing of beauty and a joy forever that will inspire generations to come.

President Watts accepted this gift for the Association.

We salute the Wall-Hanging Committee, chaired by Mrs. Robert Smith, Mrs. Lee Werley, and Mrs. Grover Creech and each person that contributed even one stitch to this magnificent work. As it hangs here in the Institute of Pharmacy, may it represent the interest and concern shown today to always uphold our profession and at the same time be a challenge to future pharmacists and pharmacy associates to continue to undergird our contribution to the Health Care Profession.

The Wall-Hanging was then unveiled by Mrs. Smith, Mrs. Creech and Mrs. Werley.

## LOCAL NEWS

## WAKE COUNTY

Fifty-seven (57) members and guests were present at the Tuesday, September 9, 1980 meeting of the Wake County Pharmaceutical Association at Ballentines Restaurant in Raleigh. Dr. David R. Work, Secretary-Treasurer, Board of Pharmacy made a very interesting and informative presentation on the proposed revision of the Pharmacy Practice Act. After much discussion on the pros and cons of the revision, he encouraged all Wake County pharmacists to let their views be known to the Revision Committee as well as the Wake County legislative delegation.

## FAYETTEVILLE

The first fall meeting of the Cape Fear Pharmaceutical Auxiliary was held September 17th at Highland Country Club, Fayetteville, N. C. for lunch. New officers assumed their duties. They are as follows:

Mrs. W. P. Harry, President

Mrs. John T. Henley, Vice President

Mrs. Harold E. Malion, Treasurer

Mrs. Hamilton P. Underwood, Jr., Secretary

Mrs. W. Artemus West, Historian and Publicity Chairman

The convocation to be held October 9th was discussed and some members planned to attend. Each member was asked by the president to speak to some new member about joining the auxiliary. There being no further business, the meeting was adjourned.

CHARLOTTE WOMAN'S  
PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary had a luncheon meeting on Tuesday, October 14 at the YWCA. Mrs. Jesse E. Oxendine, president presided.

Ethel Person of Duke Power Company presented a craft demonstration. Mrs. W. B. Hawfield, Mrs. G. T. Colina, Mrs. A. E. Galloway and Mrs. W. D. Smith were hostesses.

Seven new members were present. Mrs. Leslie H. Davis, a past auxiliary president was among the local chapter members attending the Woman's Auxiliary of the North Carolina Pharmaceutical Association fall meeting October 9th in Chapel Hill and she received a certificate of appreciation for outstanding service.

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Eastern N. C.  
Volume: Appx. \$550,000  
Inventory: \$109,000  
Accounts receivable: \$13,000  
Includes Radio Shack franchise.  
Located in shopping center  
with major food chain.  
5,000 square feet sales area.  
No fountain—no deliveries.

Volume: Appx. \$1,000,000  
Inventory: \$150,000  
200 Prescriptions a day  
No Charges, No Deliveries  
No Fountain  
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South Carolina Location

Eastern N. C.  
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Volume: \$250,000  
Inventory: \$50,000  
Accounts receivable: \$14,000  
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If you have a store with a volume of \$200,000 or more  
We Have Buyers with Cash Willing to Buy

**DISASTERS, MAJOR AND MINOR****WILSON**

The young man must have been in a hurry as he ran out of Herring's Drug Store in early October as he left \$30,000 in silver and his driver's license. He had approached John Gresham, pharmacist and proprietor, and offered to sell the silver service. The drug store also buys and sells coins and precious metals. When Gresham became suspicious and telephoned police, the young man fled.

**HENDERSONVILLE**

An armed man robbed Allan's Pharmacy of drugs and cash in late July. The robber entered the store about 9 p.m. carrying a pistol and told the two employees to give him money and any kind of drugs.

**ROCKY MOUNT**

About \$150 in cash and a quantity of drugs were taken from Sunset Pharmacy, September 12. Two males, armed with revolvers, entered the store about 2 p.m. One demanded money from an employee at the front cash register, while the other held up the pharmacist in the rear of the store. As the pharmacist was placing various drugs in a bag for the robbers, one of them told him to hurry up and fired a shot over his head. The men reportedly drove away in a pick-up truck.

**LUMBERTON**

Revco Drugs was the scene of an attempted arson over the Labor Day weekend. Firemen are summoned to the store about 8 p.m. by an employee who found the paper towel display was afire. Investigation showed arson.

---

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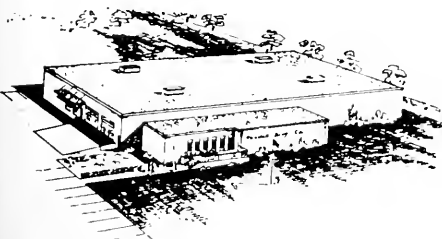
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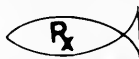
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Mr. Charles M. Barnett, Ph-Mgr.

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Eng, Elizabeth Tao, Texas  
Holman, Bradford Earl, Jr., Georgia  
Hunter, Thomas Andrew, Sr., Georgia  
Jones, Dale Leroy, Georgia  
Jones, Judith Matthews, Georgia  
Lovelace, Stephen Pryor, South Carolina  
McDuffee, Margaret Linda, Illinois  
Mercier, Arthur Milton, Georgia  
Moore, Dennis Fay, Arkansas  
Pigg, Gail Diffendorfer, Mississippi  
Viola, Eugene Henry, Pennsylvania

## RECIPROCITY CANDIDATES SEPTEMBER 16, 1980

Drouillard, Suzanne, Michigan  
Gallagher, Alma Faye, Pennsylvania  
Garrett, Oliver Thomas, South Carolina  
Klein, Michael Steven, Massachusetts  
McDonald, Donald Eugene, Ohio  
Strandhoy, Eleanor Victoria, Iowa  
Studders, Thomas Gerald, New York  
Thomason, Shelton William, Jr., South Carolina  
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Bruce Wherry, Pharm.D., is a pharmacist at the Yakima Valley Medical Center. He is also a member of the SK&F Pharmacy Forum. He is interested in the SK&F Pharmacy Forum and the SK&F Pharmacy Forum.

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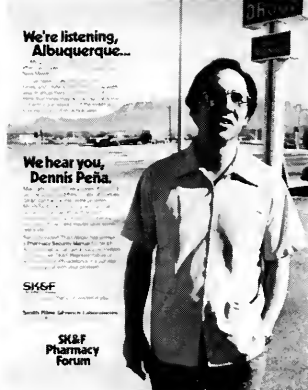
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Dennis Peña, Pharm.D., is a pharmacist at the Albuquerque Medical Center. He is also a member of the SK&F Pharmacy Forum. He is interested in the SK&F Pharmacy Forum and the SK&F Pharmacy Forum.

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**We hear you, Roger Miller**

Roger Miller, Pharm.D., is a pharmacist at the Bonner Springs Medical Center. He is also a member of the SK&F Pharmacy Forum. He is interested in the SK&F Pharmacy Forum and the SK&F Pharmacy Forum.

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**We're listening, Denver**

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**We hear you, Jack Thebus**

Jack Thebus, Pharm.D., is a pharmacist at the Denver Medical Center. He is also a member of the SK&F Pharmacy Forum. He is interested in the SK&F Pharmacy Forum and the SK&F Pharmacy Forum.

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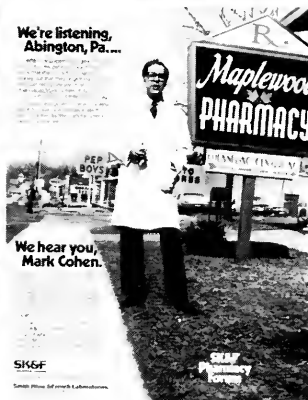
**We're listening, Abington, Pa....**

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Gilbert Weise, Pharm.D., is a pharmacist at the Jacksonville Medical Center. He is also a member of the SK&F Pharmacy Forum. He is interested in the SK&F Pharmacy Forum and the SK&F Pharmacy Forum.

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## We hear you...

Since 1978, SK&F messages in state pharmacy journals have featured community pharmacists from Jacksonville to Yakima, from Albuquerque to Yadkinville—all talking about various problems or concerns that now confront them in their professional practices.

These concerns ranged from security against crimes to meeting continuing education requirements. Some talked about the need for quality generics, product liability protection and more product information. Another was interested in better ways to train and motivate employees.

In each case, we were able to point out SK&F programs and services that are available to answer such needs—services and programs established or improved because SK&F is willing to listen and do all it can to help pharmacists meet the new challenges and opportunities in health care.

If you would like to find out more about our many pharmacy programs, contact your SK&F Representative or write to SK&F in Philadelphia.

**We're listening, Yadkinville, N.C.**

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**We hear you, Sue Taylor**

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The 1980 summer interns were: (from left to right)

Front Row: **Linda Hollowell, University of North Carolina;** Kristine Kleman, University of Wisconsin; Sandra Holt, Butler University; Jennifer Wegener, Burroughs Wellcome Co.; Kim Mays, University of South Carolina.

Back Row: Jim Hriso, Burroughs Wellcome Co.; **Randy Hibbard, University of North Carolina;** Norman See, University of Wisconsin; Mark Kush, Ferris State University; **Susan Meier, University of North Carolina.**

### POTENTIAL MAC DRUGS

**Federal Register, September 3, 1980**

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Butabarbital Sodium (McNeil's *Butisol Sodium*) 30 mg. oral tabs

Caffeine & Ergotamine Tartrate (Sandoz' *Cafegot*) 100 mg./1 mg. oral tabs

Chlorthiazide (Merck's *Diuril* and SK&F's *SK-Chlorthiazide*) 250 & 500 mg. oral tabs

Cyproheptadine HC1 (Merck's *Periactin*) 4 mg. oral tabs

Dicyclomine HC1 w/Phenobarbital (Merrell-Natl.'s *Bentyl*) 10 mg./5 mg. oral caps & 20 mg./15 mg. oral tabs

Lithium Carbonate (SK&F's *Eskalith* and Roerig's *Lithane* tabs) 300 mg. oral caps & 300 mg. oral tabs.

Methanamine Mandelate (P-D's *Mandelamine*) 0.5 & 1 Gm. oral tabs

Methylphenidate HC1 (Ciba's *Ritalin*) 10 mg. oral tabs

Nystatin (Squibb's *Mycostatin* and Lederle's *Nilstat*) 100,000 units/ml. oral suspension 100,000 units vaginal tabs, 500,000 units oral tabs, & 100,000 units/Gm. topical cr.

Potassium Gluconate (Warren-Teed's *Kaon*) 20 mEq/15 ml. or 4.68 Gm./15 ml. oral liquid elixir

Promethazine HC1 (Wyeth's *Phenergan*) 25 & 50 Mg. oral tabs

Pseudoephedrine HC1 (B-W's *Sudafed*) 60 mg. oral tabs & 30 mg./5 cc oral syrup

Sulfamethoxazole (Roche's *Gantanol*) 500 mg & 1 Gm. oral tabs

Thyroid 0.5, 1 & 2 grain oral tabs

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## WHOM DO YOU BELIEVE?

When Pfizer received a ruling in Federal District Court that their patent on doxycycline is valid, they sent letters to pharmacists warning them against using generic doxycycline. Subsequently, Rachelle, who makes a generic doxycycline, sent letters saying it was proper to use their brand until legal appeals had been exhausted.

In separate action, Premo consented to stop distributing a Diabinese look-alike. Pharmadyne had previously agreed to this action.

The confusion over generic Diabinese is growing. Premo consented to stop distributing a look-alike chlorpropamide and Pharmadyne had already agreed to this. The "illegal" version by Premo, under the name Insulase, was not recalled, and recently the FDA approved a different Premo version of the drug marketed simply as Chlorpropamide. Insulase is unapproved and the generic Chlorpropamide is approved. **BE SURE YOUR SUPPLIER CAN ASSURE YOU ARE PURCHASING THE APPROVED VERSION.**

## APhA APPOINTS ECKEL

William J. Edwards, APhA Speaker of the House of Delegates, has appointed Fred M. Eckel, Chairman of the Division of Pharmacy Practice, UNC School of Pharmacy, as chairman of the Policy Committee on Professional Affairs. Eckel served as committee vice chairman in 1979-80.

## BRECHT PLACES IN STATE CHESS TOURNEY

In the recently completed N. C. Open Class Championship, E. A. Brecht, former dean and professor of the UNC School of Pharmacy, was recognized as the top unranked player in the three-day tournament. In addition to the honor and prestige of finishing high, Brecht also received a check for a not insignificant amount. Like Amos Lawrence and Salome, Brecht had the right moves.



The Burroughs Wellcome Co. Pharmacy Education Program culminated at the NARD Convention in Atlanta, Georgia during the week of September 30-October 4. Participants in the drawing for the State of North Carolina are from left to right: Ernest Rabil, Al Mebane, Beebe Rabil, Tom Burgiss, LaMar Creasman, Eloise Watts, Marion Edmonds, Jack Watts, Ginger Lockamy, Al Lockamy, Sarah Ann and Marshall Sasser, Joe Miller, Whit and Dot Moose, Betsy Mebane.

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NORTH CAROLINA  
AT  
CHAPEL HILL

Carolyn Clayton, Editor

# Script

## DEAN'S MESSAGE

### ... AND THEN THERE WERE TWO, THREE, FOUR...

Through past and recent history pharmacy leaders in education, practice, and various pharmacy organizations have decried the "separate but equal" cry of their constituency. This lack of one voice for pharmacy has retarded professional growth. We have today as many adjectives to describe pharmacy as we have people in the profession. We have the independent pharmacist, the chain store pharmacist, the clinical pharmacist, the nuclear pharmacist, the hospital pharmacist and the consultant pharmacist, and the list grows. This state of affairs in itself can be stimulating and a basis for growth of the profession. On the other hand, when philosophies differ, often confrontations result.

From little acorns great oak trees grow. From my perspective the analogy serves well for pharmacy. Let us look at the various fraternal, honorary, and professional student groups on our campus. Pockets, large and small, or our students are involved with the Student American Pharmaceutical Association (SAPhA), the Student National American Pharmaceutical Association (SNAPhA), the Carolina Industrial Pharmacy Society (CIPS), Student American Society of Hospital Pharmacy (SASHP), and Student National Association of Retail Druggists (SNARD?). The last one mentioned is even enticing the Kappa Psi fraternity with bonuses for student members! Allow me to quickly interject that I have no quarrel with my good friend and colleague, Jesse Pike, a staunch Tarheel and School of Pharmacy supporter and one of the most articulate proponents of professionalism in pharmacy, and the current President of NARD.

If you were in school today which one or ones would you join? What advice would you give to the students? Are all of these professional affiliations for students necessary? How can the energies be harnessed for the common objectives of the profession?

Now let us look at the fraternal and other organizations. These would include Kappa Psi, Phi Delta Chi, Kappa Epsilon, Rho Chi, Phi Lambda Sigma, etc. All of these organizations focus on pharmacy to build leadership, scholarship, professionalism and a variety of things that attempt to make pharmacists a productive, useful and happy segment of our society. Some of the organizations, viz. the honorary ones, cost more than a few dollars to join, albeit a student needs to be selected for the honor. What happens, as it does on occasion, when the precious dollars are needed for "bread?" Most importantly, how should these organizations operate to improve pharmacy? What's in it for the student during his tenure except promises for the future?

During the early months of my American Association of Colleges of Pharmacy presidency in 1975 I made naive and vain attempts at pulling together the forces of pharmacy. I soon found out that I was indeed naive, and I struck out even before three balls were thrown. I continue to believe conceptually that one voice for pharmacy is worth striving for but, like perfection, unattainable. I will, however, continue to strive to seek the best for the profession, and education is part of it.

As a School we will need to make some hard decisions in the near future with respect to organizational activities. What the decisions will be will rely on our collective decision. I personally have no good solutions. Perhaps we should continue to proliferate student affiliations so that we can have one for each student.

... and then there were two, three, four ... or and then there were none ...

## POWELL JOINS FACULTY

John Robert Powell, Pharm. D., has recently joined the Division of Pharmacy Practice as Associate Professor of Clinical Pharmacy. He earned his B.S. in Pharmacy from West Virginia University in 1971 and his Pharm.D. from Philadelphia College of Pharmacy and Science in 1973.

Dr. Powell comes to our faculty from the University of Arizona in Tucson where he served as Assistant Professor of Pharmacy in the College of Pharmacy and Adjunct Instructor in Internal Medicine in the College of Medicine.

His research interests are in the clinical application of pharmacokinetics. While at UNC he intends to study the effects of malnutrition on drug disposition as well as the use of theophylline in acutely ill patients. Soon Dr. Powell will also have an appointment working with the Clinical Pharmacology Laboratory in the Department of Hospital Laboratories at North Carolina Memorial Hospital.

"Bob" and his wife, Stephanie Ann, have one daughter, Alexa Morgan. His hobbies include backpacking and fishing.

## ANTI-CANCER GRANT

Drs. Kuo-Hsiung Lee (Principal Investigator) and Iris H. Hall (Co-investigator) of the Division of Medicinal Chemistry were awarded a grant this summer from the American Cancer Society to support their continued anti-cancer research. The grant, entitled, "Isolation and Mode of Action of Anti-tumor Agents," is in the amount of \$59,175 and will be in effect through June 30, 1981.

## FACULTY PUBLICATIONS

Raymond Jang, Ph.D., Associate Professor, Department of Pharmacy Administration, has contributed to *Evaluation and the Health Professions*, June 1980, with his article, "Evaluating the Impact of a Continuing Education Program."

Mrs. Patsy Huff, Clinical Instructor in the Department of Pharmacy Practice, has contributed the article "Diagnosis and Management of Acute Otitis Media" in *Health Sciences Consortium*, 1979.

Ralph Raasch, Pharm. D., published "Clinical Kinetics of Heparin" in the July/August issue of *Drug Intelligence and Clinical Pharmacy*.

William A. Wargin, Ph.D., Assistant Professor of Pharmaceutics, published the article, "High-Pressure Liquid Chromatographic Assay for Chloramphenicol, Chloramphenicol-3-monosuccinate, and Chloramphenicol-1-monosuccinate," in the *Journal of Pharmaceutical Science*, Vol. 69 (1980). Assisting Dr. Wargin in this work were J. T. Burke and M. R. Blum.

Mr. Leonard Berlow, Assistant Professor, Department of Pharmacy Administration, contributed the article, "What You Should Expect From Your Pharmacist," in the August 17, 1980 issue of *Health Care Horizons*.

## NEW POSITION

Professor Jack K. Wier, Division of Medicinal Chemistry and Pharmacognosy, has been recently appointed Associate Director of Student Affairs at the School of Pharmacy.

In announcing the appointment to the newly-created position, Dean Miya stated, "In the past year Dr. Wier has carried out a range of duties related to undergraduate student activities in an exemplary fashion."

Dr. Wier will be working directly with Associate Dean LeRoy Werley, Director of Student Affairs.



## PHARMACY SEMINAR

Make your plans now to attend the joint 14th Annual Carolina Hospital Pharmacy Seminar and the 7th Annual Carolina Clinical Pharmacy Seminar to be held November 6, 7, 8 at the Hilton Inn in Raleigh, N. C.

Program topics include pediatric and geriatric drug therapy, computer support systems for hospital practice, therapeutic drug monitoring, and effective communication techniques.

A special feature is the optional Thursday evening performance at the Village Dinner Theatre for the exotic *Kismet*—and, of course, the excellent buffet. The whole theatre has been reserved for Pharmacy for only \$13.50 per person. So, send in your theatre reservations along with your seminar registration as soon as possible.

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## PHI LAMBDA SIGMA

The Epsilon Chapter of Phi Lambda Sigma—Pharmacy Leadership Society—held its fall initiation ceremony on Tuesday, September 23, at the UNC School of Pharmacy. Phi Lambda Sigma is an honorary society with a two-fold purpose: First, to recognize those people in pharmacy who have attained a high standard of leadership by contributing time and effort toward the advancement of pharmacy, and, second, to bring together members of the faculty and leaders of the student body whose mutual interest is the advancement of pharmacy. With this purpose in mind, eleven people were inducted into the Society on September 23—the centennial of pharmaceutical education on the UNC at Chapel Hill campus.

The inductees were as follows: Suzanne Blaug, Deborah Edwards, Tammy Everette, Eric Hayes, Jennifer Price, Susan Self, John Parks Thomas, Jo Marlene Travis—all fifth-year students; Eric Locklear, Royal W. Weaver—fourth-year students; and Dr. B.

Wesley Hadzija, a member of the faculty. Also selected for membership but unable to attend the ceremony was Bruce Dickerson, a fifth-year student.

In addition to the new initiates, there are presently thirteen faculty members and four student members in Chapel Hill. Faculty members in the Society are: Mr. Stephen Caiola, Dr. George Cocolas, Mr. Fred Eckel, Dr. Jean Paul Gagnon, Dr. George Hager, Dr. Larry Hak, Dr. Iris Hall, Dr. K. H. Lee, Dr. Larry Loeffler, Dean Torn Miya, Dr. Bill Wargin, Associate Dean LeRoy Werley, and Dr. Jack Wier. The four student members are: Randy Ball, Stephanie Crawford, Eula Daniel, and Keith Hatch—all in the 5/5 class.

## MATH TUTORING

On October 6-10 the Rho Chi Society offered a new service to all interested 3/5's—daily math tutoring sessions for one hour. Additional sessions will be held before final examinations. Watch bulletin boards and the internal newsletter, *pHarm-pHacs*, for further announcements.

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## DRUG INFORMATION REPORTS

### Cardiac Glycosides and Quinidine

by David Rudd, M.S.

Recently several reports have discussed the digoxin-quinidine interaction. Investigators have found that quinidine can cause elevation of serum digoxin levels when administered to patients maintained on digoxin alone. The magnitude of the increase is variable, but may be two to three times the patient's original digoxin serum level. The mechanism for this interaction is not yet established.

Naturally one might question if a similar interaction between digoxin and quinidine occurs. Data concerning the question is limited. Ochs, et al. randomly administered a single dose of digoxin before or after and during quinidine administration to ten normal subjects.<sup>1</sup> The investigators failed to detect any effect of quinidine on digoxin clearance, half-life, or volume of distribution. In another

study, Peters, et al. found a mean 29% increase in steady-state digoxin concentrations when quinidine was administered chronically to subjects maintained on digoxin.<sup>2</sup>

Thus, the limited data available suggest that an interaction between digoxin and quinidine, if present, is of low order when compared to the digoxin-quinidine interaction. Further study in the area is necessary.

<sup>1</sup> Ochs HR, Pabst J, Greenblatt DJ, et al. 1980. Noninteraction of digoxin and quinidine. *New Engl J Med.* 303:672-674.

<sup>2</sup> Peters U, Risler T, Grabensee B, et al. 1980. Interaktion von chinidine und digoxin beim menschen. *Dtsch Med. Wschs.* 105:438-442.

For further information, contact David Rudd, Assistant Professor, Division of Pharmacy Practice.

## PCAT DEADLINES\*

	Nov. 8, 1980	Feb. 7, 1981	May 9, 1981
Date by which requests for special foreign centers must be received.	None Established	Dec. 6	Mar. 7
Date by which requests for additional centers must be received.	None Established	Dec. 27	Mar. 28
Final Date for receiving applications within United States and Canada.	Oct. 11	Jan. 10	Apr. 11

Note: Results of May 9 examination are usually too late for proper consideration for the fall semester.

\*All correspondence should be directed to:

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He also served on many committees of the North Carolina Pharmaceutical Association, was a member of the NCPHA Academy of Pharmacy and the board of the Forsyth Cancer Service. Myers had been a teacher, steward and member of the Board of Stewards of United Methodist Church. He is survived by his wife Edith, daughter Molly and son Marti, in addition to his mother and sister.

Gurley served as vestryman in St. Thomas Episcopal Church, where he was treasurer for over 24 years. He was chairman of the building committee St. Thomas Parrish House. He was active in the local Rotary club, having served as president.

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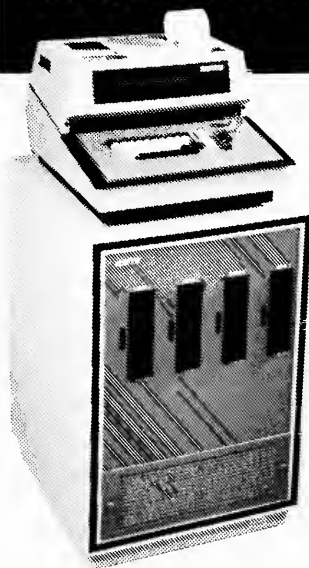
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## WOMAN'S AUXILIARY FALL CONVOCATION

Mrs. Shelton B. Boyd, Mt. Olive, President of the Woman's Auxiliary of the North Carolina Pharmaceutical Association presided at the FALL CONVOCATION of the Auxiliary when it convened at the Institute of Pharmacy, Chapel Hill, October 9.

The convocation program included a welcome from Jack G. Watts, Burlington, President of the NCPHA. Program participants were Mrs. David Work, Chapel Hill, Co-President of the Chapel Hill Woman's Pharmaceutical Auxiliary; Mrs. G. Haywood Jones, Zebulon; Mrs. Jerome Johnson, Raleigh; Mrs. Robert Bizzell, Kinston; Mrs. Robert Lewis, Charlotte; Mrs. L. M. Whaley, Durham.

The organization's service project for the year is "HUMAN AWARENESS." A panel discussion on human abuse was presented by Dr. Charles Sheaffer, Pediatrician, Chapel Hill Pediatric Clinic; Ms. Jane Cousins, Social Worker, Chapel Hill Police Department; and Ms. Lane Gillespie, Director of the Department of Social Services, Chapel Hill.

Guests at the midday luncheon served at the Institute of Pharmacy were Tom S. Miya, Dean of the UNC School of Pharmacy; A. H. Mebane, III, NCPHA Executive Director; and

Colleen J. Gilbert, Chapel Hill, Kimberly L. Hartgrove, King, David S. McSwain, Gastonia, Kathy D. Morrison, Greensboro, Robert Kent Stamey, Newton, recipients of the NCPHA Woman's Auxiliary scholarships for 1980-1981.

Mrs. J. Marshall Sasser, Smithfield, Past President of the Woman's Auxiliary presented special Certificates of Appreciation in recognition of outstanding service to the Woman's Auxiliary to Mrs. Robert L. Smith and Mrs. Lee Werley, Jr., Chapel Hill; Mrs. Grover Creech, Smithfield; Mrs. Leslie Davis, Charlotte; and Mrs. Haywood Jones, Zebulon.

The Fall decorations and food were provided by the Hospitality Committee: Mrs. Romas White, Raleigh, Chairman; Mrs. Leslie Davis and Mrs. Douglas Corwin, Charlotte; Mrs. C. B. Tyson and Mrs. H. Shelton Brown, Jr., Cary; Mrs. Larry B. Good, Morehead City; Mrs. W. Darrell Estes, Mrs. Wesley Cotten and Mrs. L. Edward Coats, Raleigh; the Woman's Auxiliary Executive Board and the Staff at the Institute of Pharmacy.

At the close of the Convocation, registrants had a "Walking Tour of Historic University of North Carolina."



Standing left to right in front of the Wall Hanging at the Institute of Pharmacy: Sarah Ann Sasser, Betsy Mebane, Eloise Watts, Charlotte Tyson, Margaret Boyd, Addie Pelt, Gladys Jones and Rheta Skolaut. (Photo by Colorcraft)



Luncheon at the Fall Convocation. (Photo by Colorcraft)



Receiving certificates of appreciation for work on the Wall Hanging are (left to right); Mary Lou Davis, Ruby Creech, Peggy Werley, Barbara Smith. Presenting the certificates is Sarah Sasser, Past President, Woman's Auxiliary. (Photo by Colorcraft)



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## REPORT

**NCPHA  
COMMITTEE ON SOCIAL AND  
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THE HILTON INN  
RALEIGH, NORTH CAROLINA  
APRIL 15, 1980

## COMMITTEE MEMBERS

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James M. Egbert, Greensboro  
W. H. Fuller, Greensboro  
Mrs. Robert Giddings, Chapel Hill  
Joe P. Tunstall, Washington  
Consultant: Marshall Sasser, Smithfield

1. **DRUG PRODUCT SELECTION:** The committee discussed what effects DPS has had so far on retail pharmacy practice and what future problems and effects may be anticipated. The opinion was stated that DPS enables independent store owners to project a more price competitive image, and over the long run will reduce overall inventory cost by allowing reduction of the often large quantities of brand name drugs kept on hand and replacing these with less expensive generic brands. No significant problems in relations with prescribing physicians were seen as a direct result of Drug Product Selection to date, but the committee stressed the importance of keeping channels of communication open to pharmacy consumers as image of the pharmacist being interested in saving them money whenever possible.
2. **FUTURE TRENDS IN PHARMACY PRACTICE:** The committee discussed the economic ramifications for the future of the apparent trends in medical practice that have led to a reduction in the number of prescriptions being written, combined with the continued growth in the number of retail pharmacies in many areas. Committee members felt that pharmacy must actively

pursue expanding roles for pharmacists in non-product related services for which they would be reimbursed. Both physician and patient/consumer acceptance of pharmacists assuming some of the roles in health care that previously have been exclusive to physicians will be a great factor in the success or failure of these expanded duties of the pharmacist. Another breakthrough in this area seen as a prerequisite for success is the acceptance by major third party providers of reimbursements to pharmacists for non-dispensing services, and the committee feels great effort should be put forth towards this end. The expanded role of pharmacists as set forth in the new pharmacy practice act now being drafted should give a great boost to this movement also.

3. **PHARMACY PRACTICE ACT:** The Committee reviewed the third draft of "An Act to Regulate Pharmacy," and discussed some of the changes it will make in an effort to update the laws under which pharmacy is currently practiced in North Carolina. As the first published draft will be presented at the 1980 NCPHA Convention, it was decided to delay further discussion of the Act until that time.
4. **INCREASE IN MEDICAID TITLE XIX FEE:** The Committee went on record as in strong support of the effort to get the N. C. Medicaid fee increased in the next legislative session, and urges all N. C. pharmacists to contact their local representatives in the General Assembly and, using the cost figures supplied by the NCPHA in the March, 1980, *Tar Heel Digest*, point out the *obvious* need for a fee increase!
5. **EMPLOYMENT SITUATION:** The Committee discussed whether the current depressed state of the economy has had any appreciable effect on the employment opportunities for pharmacists, and concluded that the overall situation is still pretty good, with many available positions on file with the NCPHA.

## REPORT

# **NCPHA COMMITTEE ON MENTAL HEALTH**

THE HILTON INN  
RALEIGH, NORTH CAROLINA  
APRIL 15, 1980

## COMMITTEE MEMBERS

Connie W. McFall, Durham, Chairman  
John O. Brown, Raleigh  
Kathryn Edwards, Raleigh  
Van H. King, III, Wilmington  
Gary W. McKenzie, Laurinburg  
Joyce Stanford, Chapel Hill  
Mitchell W. Watts, Concord  
Kathleen M. Woodell, Durham  
Consultant: James L. Creech, Smithfield

Admissions and readmissions to mental health hospitals are expensive: expensive to the patient, to the family, to the community, and to the taxpayer. Total admissions to the four mental hospitals in the state in 1978-79 were 15,226, of which 2/3rds (66.6%) were readmissions. The average stay in a North Carolina mental hospital in 1978-79 was:

Alcohol .....	16.1 days
Drug Abuse .....	22.0 days
Mental Retardation .....	751.9 days
Forensic .....	22.7 days
Psychiatric .....	233.2 days

The average cost per patient day in these institutions was \$69.79. In 1982-83, the projected cost is \$105.97—an increase of \$36.18 (51.8%). Since few people can afford the cost of hospitalization, taxpayers and third-party carriers are having to foot the majority of the financial burdens.

One solution to the problem of the cost of mental health hospitalization is to reduce the number of readmissions. An important factor in keeping the mental health patient in the community is compliance with drug therapy. It has been shown that of the recidivists in the mental hospitals, about 62% did not comply with drug therapy.

Mental health patients become non-compliant for some of these reasons: expense of medication, low patient motivation to avoid institutionalization; misunderstanding of medication instructions; stopping treatment because of "feeling better"; unpleasant side

affects; reluctance of local physician to continue high neuroleptic dosage; transportation problems; reluctance of pharmacists to fill high dosage prescriptions; unpleasant taste of medication or difficulty in swallowing; fear of becoming drug dependent; or confusion resulting from multiple drug therapy.

The most important single element in improving patient compliance is patient medication education. This committee therefore recommends:

1. The NCPHA send written support to Ben Aiken, Director of the Division of Health and Mental Retardation Services endorsing the continuation of that agency to promote the development of patient medication education programs in state institutions and in the area mental health programs. Another approach which will help the mental health patient in the community is for the local pharmacist to become better educated in mental health treatments and dosages, and to become more involved in care of the mental health patient. This committee therefore recommends:
2. The NCPHA send a request to the director of each area mental health program,

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asking the information about the program's services be distributed to each community pharmacist in the area. The information should include either a service inventory sheet, or a descriptive brochure. The mailing list of pharmacists will be provided each program director by the NCPHA.

3. The NCPHA send a written request to each president, or program chairman, of local pharmaceutical associations, urging that arrangements be made with the local mental health director to present a program to the local association.
4. The NCPHA supply each community pharmacist with written information regarding the mental health patient, including optimum dosages, dangerous drug reactions, common side effects, acceptable combinations of drugs, how to recognize symptoms of psychosis, manic episodes, etc., as well as how to identify non-compliers and what to do about them. The NCPHA should also emphasize the pharmacists's responsibility

in more closely supervising the drug compliance of the patient. All of the above information should be provided by the NCPHA in the regular monthly newsletter and also in articles in the *Carolina Journal of Pharmacy*.

5. The NCPHA recognize May as *Mental Health Month* by a series of articles beginning in the *Carolina Journal of Pharmacy* in May, describing the current mental health scene as well as what the pharmacist can do for the mental health patient and what services are available from the local programs.

In an effort to bringing the community pharmacists and the area mental health programs closer, and to promote better patient care, this committee recommends:

6. The NCPHA send a letter to Bob Allen, Director of Pharmacy Services, Division of Mental Health and Mental Retardation, requesting that he, a representative of the NCPHA, and one pharmacist from each Mental Health Area Regions

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		Rock Hill	328-5830

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attend one monthly meeting of the Area Program Directors, to develop closer relationships between the groups. The NCPHA and Mr. Allen will mutually select the pharmacists.

It is the hope of this committee that through efforts such as those recommended the pharmacist's role in mental health will expand, and patient care will improve. It is also hoped that through these efforts, readmissions to mental health hospitals will decrease.

Special thanks from the Chairman to Mr. Bob Allen and Mr. Paul Brown, Director of Adult Services, Durham County Mental Health, whose insight and suggestions made the committee meetings more meaningful and productive. The Committee is commended by the Chairman for its interest in the subject of mental health, for its willingness to give up Sunday afternoons, and for its concern for mental health patients.

## WOULD YOU BELIEVE?

North Carolina farmers are running diesel trucks, tractors and cars on refined sunflower-seed oil. Soybean and peanut oil are also being tested as fuels. One researcher drove a 59-passenger bus 4,000 miles on cooking oil without loss of power. Many farmers use a mix of 75% diesel fuel and 25% vegetable oil without engine adjustments. POINT: Farmers say it is cheaper to refine cooking oil than to distill grain alcohol, the key constituent of gasohol.

## NORTH CAROLINA BOARD OF PHARMACY EXAMINATION

January 26, 27, 28, 1981

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Minnesota Pharmaceutical Assoc.  
Minneapolis, Minnesota



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Dean, College of Pharmacy  
University of Utah  
Salt Lake City, Utah



Nelson E. Taylor, R.Ph.  
Community Pharmacist  
Nampa, Idaho



Arthur Koorhan, R.Ph., Div. V.P.  
Pharmacy Operations, Cunningham  
Drug Stores, Detroit, Michigan



David Zitz, R.Ph., Dir.  
Pharmacy and Central Service  
University of Wisconsin Hospitals  
Madison, Wisconsin



H. Joseph Schutte, R.Ph.  
Community Pharmacist  
Louisville, Kentucky



Marianne Ivey, R.Ph.  
Clinical Pharmacist  
University of Washington Hospitals  
Seattle, Washington



Milton H. Miller, R.Ph.  
President, Petty Drug Company, Inc.  
Little Rock, Arkansas



Gary Thudium, R.Ph.  
Community Pharmacist  
Vinton, Iowa



Harland W. Henry, R.Ph.  
Director of Pharmacy  
Memorial Hospital System  
Houston, Texas

sional and other pertinent matters are invaluable.

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## PHARMACY PERMITS AND RECIPROCITY CANDIDATES

### *Permits Issued* *Issued 11/4/80*

SuperX Drugs  
1410 U. S. Hwy. 421  
Wilkesboro, NC 28697  
Ms. Jane Van Hoy, Ph-Mgr.

Eckerd Drugs  
Holly Square S/C, 1607 W. Ehringhaus St.  
Elizabeth City, NC 27909  
Mr. Dennis B. Hanson, Ph-Mgr.

Kmart Pharmacy  
1603 W. Ehringhaus  
Elizabeth City, NC 27909  
Mr. Rick Wayne Evans, Ph-Mgr.

### *Issued 10/30/80*

Revco Discount Drug Center  
North Broad & Coke, Edenton Village S/C  
Edenton, NC 27932  
Mr. Bruce A. Johnson, Ph-Mgr.

### *Issued 10/29/80*

Glenwood Pharmacy, Inc.  
2921 Essex Circle  
Raleigh, NC 27608  
Mr. Michael J. Stegall, Ph-Mgr.

### *Issued 10/24/80*

Rite Aid Discount Pharmacy  
Fleming Street & Haywood Ave.  
Hendersonville, NC 28739  
Mr. Thomas E. Curtis, Ph-Mgr.

### *Issued 10/23/80*

Peoples Drug Store  
2635 North Center Street  
Hickory, NC 28601  
Mr. Charles Barry Hiatt, Ph-Mgr.

Revco Discount Drug Center  
405 S.E. Blvd.  
Clinton, NC 28328  
Mr. Willis Edgar Harris, Jr., Ph-Mgr.

### *Issued 10/22/80, Transfer*

Red Springs Drug Company  
114 S. Main Street  
Red Springs, NC 28377  
Mr. William T. Rhodes III, Ph-Mgr.

### *Issued 10/15/80, Transfer of Ownership*

Smith Drug Co. of Pilot Mountain, Inc.  
8 Marion St., P. O. Box 517  
Pilot Mountain, NC 27041  
Mr. David L. Patterson, Ph-Mgr.

### *Issued 10/21/80*

Albemarle Professional Pharmacy  
Hwy. 17 & 32N Intersection, P. O. Box 1013  
Edenton, NC 27932  
Mr. Michael Edwin Brewer, Ph-Mgr.

## RECIPROCITY CANDIDATES

October 21, 1980

Anderson, Beth Gerrald, South Carolina  
Gurganus, Alvin Ellis, II, South Carolina  
Hoover, Deborah Ann, Wisconsin  
Jones, Gregory Cleveland, Missouri  
Kephart, Mark Alan, South Carolina  
Nester, Michael Steven, Jr., Ohio  
Osinski, Marla Jean, Washington  
Ponder, Doris Crocker, South Carolina  
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## FEW EQUIVALENTS TODAY OF THE OLD DRUG STORE

*Reprinted by permission from "Facing South", Greenville Reflector*

Drug stores do not look at all the way they used to forty years ago and they no longer have that distinctive smell, that was so pleasant and that you could recognize at once with your eyes closed. Years ago, most drug stores in small southern towns were privately owned and in every one of them there had to be a pharmacist, who, in most cases, was affectionately called "Doc." New acquaintances might address him as "Doctor So-and-so" but this did not last long. He was not only a pharmacist, but someone whom you could phone for advice when no doctor was available, a counselor, an accommodating friend, and a source of news.

There was one "doc" who was dear and well known to me and about whom I feel knowledgeable enough to write, but the things that he experiences were familiar in the lives of most pharmacists in this time.

On weekday mornings, a large group of women came in for morning cokes and their daily discussions of clubs and parties, recipes, servants and children. At noon school children thronged the place to get milkshakes and sandwiches. The older girls were not above a bit of flirting with the soda clerk, which sometimes resulted in their receiving extra scoops of ice cream or an extra dash of chocolate syrup.

Between three and four o'clock, businessmen drifted in for an afternoon break. A headache remedy invented by a local doctor contained a small amount of alcohol and was quite a pick-upper. Headaches were prevalent at that time of day and many customers asked to have the medicine added to their cokes. One in particular, usually needed three doses to get any real relief. By seven thirty in the evening, a group of townsmen began to congregate, having finished dinner, and not yet having experienced television. In warm months they discussed the local baseball or softball teams, and in cold weather, football and basketball, but politics were of interest the year round. On election nights, candidates and active campaigners gathered around Doc's cluttered desk in a secluded spot at the back of the store to celebrate, with a discreet nip, the accepted finish of a hard fight.

Doc knew a lot about human nature, but it always puzzled him why a person would go to a clinic, sit a long time in a crowded waiting room to see a doctor, pay a fee, then bring the doctor's prescription to the store and say, "I don't know whether to have this filled or not. Do you think it will do me any good? I got the high blood." When he was reassured the medicine was indeed efficacious, he went on his way, if not happier, at least, hopeful.

People just took it for granted that Doc would do certain favors for them, if they asked. Doctor's wives would not dream of being seen entering the local A.B.C. store, so when alcoholic ingredients were needed for egg nog, Doc either went to the store or sent the porter. If ice cream in molds were needed for a wedding reception, or even just a bridge party, Doc ordered them from Raleigh, soothing a distraught hostess if her refreshments were late in arriving, making long distance calls to hasten the delivery, or as happened on one occasion, driving forty miles to rescue the order of a broken-down truck.

If one needed a package wrapped for mailing, a few stamps, an extra quart of milk on Sunday or a suddenly repleted baby formula replenished, one called Doc. He coped with many an emergency.

There are no longer many equivalents of the druggists one used to know. The big chain stores are modern, clean and friendly, but the pharmacist, as a rule, confines himself to the prescription department. This is usually on a level a few feet above the main floor, so that you reach up to him for your filled prescription, and somehow he seems at a distance not conductive to your telling him how sick your child is, or any of the other troubles that used to be confined to the druggist of other days. Nor can you tell him that, although you cannot pay now, in sixty days he will get his money or some of it. Doc was used to waiting. He drove a vintage Ford while people who owed him often rode in Chryslers and Buicks, but that was life.

To those who remember the five cent coke and the big ceiling fan, Doc is still a memory too, and I believe that he would feel that such remembrance was reward enough.

by  
Margaret H. Martin  
Roanoke Rapids, NC

## THE REPORT OF THE EXECUTIVE DIRECTOR

(Given April 15, 1980, Raleigh, 100th Annual Convention—NCPHA)

The North Carolina Pharmaceutical Association is in good shape. Not perfect, by any means, but good. Our membership is growing slowly, but consistently. We are attracting a high percentage of recent graduates as members, and these new members are motivated to be active in the Association.

We are unique among Pharmaceutical Associations, in several ways. I know no other state in which the Association office, the office of the Board of Pharmacy and the School of Pharmacy are located in the same town, nor any state in which the three organizations exist in such a high degree of compatibility.

In certain states, the Board does not speak to the Association and the Association does not talk with or to the School. I am pleased to be a part of this cooperative effort which helps make pharmacy in North Carolina the envy of other states.

What we are trying to do in the sphere of member services is to expand these services, but to expand slowly, attempting to avoid over-rapid growth which will reduce the quality of these services. As an example, our major medical insurance plan is being serviced very quickly and accurately, and we are thinking about possible additions to the insurance plans offered or sponsored by your Association. These plans include comprehensive liability and casualty insurance and even workmen's compensation. None of these expanded services will be offered at the expense of existing programs.

This past year has been an eventful year for your NCPHA and its involvement. Participation in the rewrite of the pharmacy practice Act has been exciting and we anticipate much interaction with the pharmacists across the state as we attempt to present this law to each pharmacist for his or her input. Early in 1981 we will be taking the final consensus bill to the North Carolina General Assembly, where we will most certainly encounter opposition to some of the proposed changes. This will be a challenge to the grassroots lobbying power of all of us and you will certainly be called upon to help.

This past year has seen the current Pharmacy Practice Act scrutinized by the Governmental Evaluation Commission, better known as the Sunset Commission. As a result of the Sunset Act, passed in a previous session of the General Assembly, effective July 1, 1981, there will be no Pharmacy Practice Act, no Board of Pharmacy, no Pharmaceutical Association. That is unless legislation is passed recreating these entities. The purpose of this commission, made up of consumers and legislators, is to examine the various regulatory boards created by legislation to see if they are necessary for the public health and welfare, and if so, can their enabling legislation be rewritten to improve their performance, that's where we have some difficulty with the Sunset Commission . . . the interpretation of what is better. The Board of Pharmacy was described as an exemplary licensing board by the staff of the commission, and we concur. We are proud of the Board of Pharmacy and think they do an excellent job of protecting the public. We do have difficulty in understanding or believing that if the Governor appoints all the members of the Board that politics will be taken out of the Board, and we have been successful in removing this recommendation from the report of the Commission. There are several other recommendations of the Commission that we will take exception to, such as limitation of terms of office to 2-three year terms and I am not fond of public members on the board, but these will be ironed out with the Executive Committee.

We have already seen that there are differences of opinion amongst ourselves on certain points in this proposed law. We hope to be able to present a bill which will reflect the thinking of the majority of pharmacists and please remember, our current statute is one hundred years old in sports. We would like to think this law will last as well.

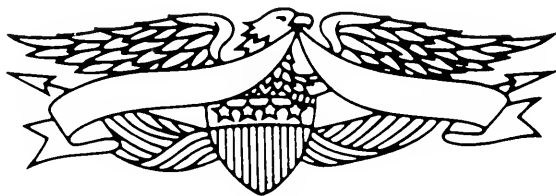
January 1, 1980 was the effective date of the drug product selection law sponsored by the NCPHA. This has been a bill which, while not all we would like to have, will prove to be a boon to pharmacy in the near future, allowing for more involvement in the drug source selection process. It is taking time for practitioners, both prescribers and dispensers, to become comfortable with this change but we anticipate that drug product selection will be another step in the elevation of the role of you the pharmacist in the health care system.

Your Association is well thought of by other states. While we are by no means wealthy, we are in a more favorable financial condition than many others. Not many states have their own office building. No other state operates a loan fund for undergraduates as extensive as ours. The B. W. Scholarship awards which now total over 100 million annually were modeled after one program. You have every right to be proud of your Association, but we need to attract new members. There are about 1500 pharmacists in this state who are not members. Think of the resources represented by 1500 additional members, not only in revenue, but in new ideas, additional hands to work for pharmacy, additional eyes to see problems, additional ears to hear what needs to be done, and additional voices to speak out for pharmacy to the public, to other health professionals and to legislators and regulators. Sometime this year, I plan to prepare and send a letter to all pharmacists of the state, urging them to join the NCPHA if not already a member, and to sign up a non-member if they already are members. When you get this letter, talk to your co-workers who may not belong to the Association, visit the pharmacist across the street or down the block. It's not my Pharmaceutical Association, it's yours, all of you.

The most serious problem we must face today is inadequate reimbursement for pharmaceutical services. With an ever increasing percentage of prescriptions being paid by third parties, it is incumbent on the NCPHA to assist you in raising your level of professional fees. One state pharmacy organization is now attempting to be allowed to act as the bargaining agent for its pharmacists, and their efforts are to be encouraged by all pharmacists. While it is true that one to one relationships are the most effective lobbying pharmacy can engage in, when it comes to dealing with the state and federal agencies, and large third party program managers or fiscal agents, the clout of an Association would be superior. Unfortunately, this is not possible under the current laws. We hope this will be challenged successfully. In North Carolina, you have heard how efforts will be made to increase the Medicaid fee to a less undesirable figure. You know, when you start out behind it's often very difficult to catch up. Once we were in the higher ranges of states Medicaid fee, but now we are in the lower stratum. We will catch up, but it will take time.

You are to be congratulated on your selection of officers. This Executive Committee has been interested, active and progressive. New ideas need to be proposed, digested and studied before implementation . . . this can be called conservative progressive thinking. Your interests are always the prime consideration of any decisions of the Executive Committee, and I think they have done an excellent job this year. Your President, while living several hours away from the NCPHA office, has kept up-to-date on what was going on and was always quick to respond to any requests or questions. Being President is not all glory—he really has to work, to attend not only the approximately ten Executive Committee meetings each year, but the local and district pharmaceutical meetings and the many other functions, on the state and federal level to which he is invited. Joe Miller has been an excellent President.

I give special thanks to Eric Cocolas and Kathy Wilson, the secretaries, to Vivian and W. J. Smith for the advice, counsel and physical help, and to Betsy for working in the office, handling the money, like she does at home, and putting up with me.



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## BURROUGHS WELLCOME AWARD RECIPIENTS

One hundred fifty-six winners have been selected in the Seventh Burroughs Wellcome Pharmacy Education Program at drawings held during the National Association of Retail Druggists Convention, in Atlanta. Winners receive a check for \$750 to be presented in their name to the pharmacy school of their choice. The award is intended to establish a revolving loan fund to aid deserving students in completing their pharmacy education. More than 400,000 responses were received from practicing pharmacists throughout the United States, the District of Columbia and Puerto Rico.

Winners designating the University of North Carolina School of Pharmacy were:

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Robert W. Kiger

Cornwell Hospital Pharmacy

Shelby

E. C. Howard

Howard RX Drug, Inc.

Mars Hill

John D. Wilson

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## MINIMUM WAGE INCREASE

Fair Labor Standards Act established minimum wage at \$3.35, effective January 1, 1981. Most pharmacy employees are covered, although there are special circumstances for employees regularly receiving tips whereby the tips may account for a portion of the wage, and for high school students. You may pay high school students as little as 85% of minimum wage if you have filled out the proper federal forms and not been turned down. For more information call:

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**Fifteenth Annual Socio-Economic Seminar is planned for February 18, 1981, Chapel Hill. Watch for further information. Co-sponsored by UNC School of Pharmacy and the N. C. Pharmaceutical Association.**

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## LOCAL AND DISTRICT NEWS

**BAKERSVILLE**

John W. Sides, III, has opened Bakersville Pharmacy in the Mitchell County town. The grand opening was celebrated August 29. Sides worked for Revco in Burnsville before going into business on his own. He is a 1976 graduate of the UNC School of Pharmacy, and is a Bakersville native.

**CHARLOTTE**

The Biddleville Pharmacy was damaged when an automobile traveling about 70 miles per hour crashed into the store front. The front window was completely smashed and much of the front brick wall was demolished. Several months prior to this accident, another car crashed into the side of the store. Damage was not as severe.

**COLUMBIA**

Kenneth W. Keever has assumed the position of full-time pharmacist at the Columbia Pharmacy. He was born in Lenoir and graduated from the UNC School of Pharmacy

in 1976. Keever first worked as chief pharmacist at Washington County Hospital, then was employed by People's Drug Store in Williamston. He worked at Roanoke Pharmacy in Plymouth for ten months before coming to Columbia. Keever is president of the Martin County Diabetes Association.

**GLEN ALPINE**

John Bennett is now manager of Clinic Drug in Glen Alpine, which was purchased by We-Mor Pharmacy in Morganton. Bennett is a 1977 graduate of the UNC School of Pharmacy, and served in the U. S. Navy as a hospital corpsman before entering pharmacy school.

**GUILFORD COUNTY**

The Guilford County Society of Pharmacists met Wednesday night, October 8, in the W. L. Thompson Auditorium, Wesley Long Community Hospital, Greensboro. "Seizure Diseases and Their Therapy" was the topic of the talk presented by Ralph H. Raasch, Pharm. D., Assistant Professor of Pharmacy Practice, UNC School of Pharmacy.

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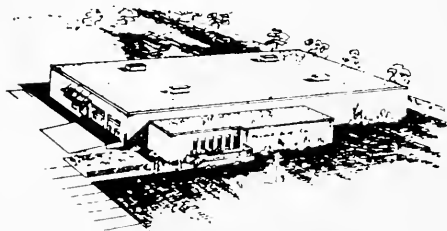
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Gordon G Hamrick  
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## LENOIR-GREENE-JONES PHARMACEUTICAL SOCIETY

Twenty seven people attended the November meeting of the Lenoir-Greene Jones Pharmaceutical Society to hear Senator Harold W. Hardison, who is chairman of the Advisory Budget Commission, give a forecast of the upcoming legislative session and told of the progression of the Medicaid fee increase.

Senator Hardison stressed two areas of importance in having any desired legislation passed: be unified in any efforts and let our voices be heard distinctly by our legislators. Without these factors on our side, our causes would be hopeless.

The membership voted not to have a December meeting.

## WAKE COUNTY PHARMACEUTICAL AUXILIARY

The Wake County Pharmaceutical Auxiliary began their new year on September 19, 1980, with a "Bid on a Basket" picnic at the home of Mr. and Mrs. Banks Kerr. Husbands were invited to the picnic supper prepared by the women and packed in colorful baskets. State Association President, Jack Watts, auctioned off each basket as the men bid on their suppers. A grand total of \$250.00 was collected for the baskets of food and will be donated to student scholarship funds. Special guests included Mrs. Jack Watts, Vivian and W. J. Smith. A short business meeting led by auxiliary president Velma Brown focused on review of upcoming meetings and a reminder of the Convocation in October.

The second meeting of the new year gave members a chance to meet the State Auxiliary President, Margaret Boyd. She attended a lovely luncheon held at the Carolina Country Club on November 6, 1980, and spoke on the statewide theme of violence in the family. After reviewing some recent books on the subjects of child and wife abuse, Mrs. Boyd ended her informative talk by suggesting that pamphlets and other educational literature be obtained for our local membership. A short business meeting was held.

Sally T. Estes, Secretary

## THE GUILFORD COUNTY SOCIETY OF PHARMACISTS

The Guilford County Society of Pharmacist monthly meeting was held Wednesday, November 12, 1980 in the Thompson Auditorium at Wesley Long Community Hospital. Guest speakers for the evening were Mr. Mac Haas of Merrill Laboratories and Dr. Charles Lomax, a Greensboro obstetrician, who conducted a very interesting and informative discussion of the new agent for prevention of premature labor, Ritodrine (Yutopar).

During the short business session that followed the program, members were reminded that nomination and election of new officers for 1981 was coming up next month, and to be thinking about filling those positions. An invitation to attend an upcoming meeting of the Greensboro Drug Club was extended to all County Society members. Finally, a letter of thanks from the Greensboro Cerebral Palsy Campaign for our contribution was read to the membership. There being no further business, the meeting was adjourned.

Respectfully submitted,

J. Frank Burton, Secretary

## YOU'RE GETTING OLD WHEN . . .

- Everything hurts and what doesn't hurt, doesn't work.
- The gleam in your eyes is from the sun hitting your bifocals.
- Your little black book contains only names ending in M.D.
- You feel like the night before, and you haven't been anywhere.
- You finally reach the top of the ladder, and find it leaning against the wrong wall.
- Your children begin to look middle aged.
- You get winded playing chess.
- You begin to outlive enthusiasm.
- You decide to procrastinate but then never get around to it.
- You're still chasing women, but can't remember why.
- Your mind makes contracts that your body can't meet.

# Your counter-side manner counts.

Sure, you're busy. But you take time for those who want to see you. Mrs. Osgood with her first prescription for an antidepressant. Jack Leland with a problem he's embarrassed about. The Williams youngster with asthma. Time out that's time well spent. With your patients. Your neighbors. They count on the counsel and reassurance you can give. That counter-side manner that makes you so much more than just another businessman in town.

We try to help you by providing quality products, policies and pertinent information—like Pharmascan<sup>®</sup>, which is distributed by our Representatives, assistance for many Continuing Education seminars, and a host of other educational materials that touch on all aspects of your profession. It's our way of recognizing your vital contribution to community health care.



## Geigy

GEIGY Pharmaceuticals  
Division of CIBA-GEIGY Corp.  
Ardsley, New York 10502



**DISASTERS, MAJOR AND MINOR****KERNERSVILLE**

Two armed males robbed Stonestreet Drug Store about 8:30 p.m., Tuesday night, September 30. All class II drugs and several thousand dollars in cash were taken.

**SHELBY**

A quantity of controlled drugs have been reported stolen from Medical Arts Pharmacy, according to pharmacist Gene Butler. When he arrived at work Friday, September 19, he discovered the drugs missing from the drug cabinet. There were no signs of forced entry, all doors were locked and the alarms did not go off during the night.

**GASTONIA**

A man wearing a ski mask robbed Revco Discount Drug of a quantity of Dilaudid, after threatening the pharmacist with a pistol, Monday, September 29.

Saturday, October 4, a man wearing a ski mask forced the pharmacist at Rhyne Drugs to hand over a bottle of Dilaudid tablets. The bandit fled on foot after making the pharmacist and another employee lie on the floor.

**DUNN**

Herman W. Lynch has sold his pharmacy to Kerr Drug Stores, Inc. of Raleigh. Mr. Lynch, a past-president of the North Carolina Pharmaceutical Association, will remain as pharmacist with the store on a limited basis.

**RALEIGH**

The October meeting of the Wake County Pharmaceutical Association was held at Burroughs Wellcome corporate headquarters on October 7. BW hosted a dinner meeting for 60 members and guests. Following dinner, BW made an audiovisual presentation celebrating their 100th anniversary, followed by a panel discussion on career opportunities for pharmacists in industry.

**FORGERIES INCREASE**

Pharmacists should increase their vigil for forged prescription, particularly those prescriptions written for Dilaudid, Preludin and other controlled drugs with known street value. More and more forged prescriptions are being presented to pharmacists and the forgers are becoming more sophisticated. In one case reported to the NCPHA, a receptionist in a physician's office was in league with the forgers, and if a suspicious pharmacist called the office for verification she vouched for the patient. The ring was discovered when she went on vacation and the doctor was alerted to the situation.

**CHERRYVILLE**

A Cherryville woman was arrested at Medical Center Pharmacy Friday, October 17, for allegedly attempting to obtain Preludin Endurets with a forged prescription. The prescription supposedly was called in by a nurse in a Gastonia physician's office, but this was denied when the pharmacist called the doctor to verify the prescription.

**GASTONIA**

A thief wearing a ski mask robbed Revco Drug Store of Dilaudid Saturday morning, November 1. The thief was the first person to enter the store when it was opened at 9 a.m. and threatened a clerk with what appeared to be a revolver.

**SOUL CITY**

Health 6 Pharmacy was broken into early Saturday morning, July 19, but nothing was reported missing. The thief entered the building using metal cutters. Counters were overturned and a cash register containing money was untouched.

**GASTONIA**

A white male in his early 20s robbed Revco Drug Store Monday, October 6. The thief had his hand in a brown paper bag which he pointed at pharmacist Kathy Hovis and demanded Dilaudid.

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**Photo of Peoples Drug; W. Jefferson, N. C.**

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Roland G. Thomas  
304 Meacham St.  
Charlotte, N. C. 28203  
704-376-5150

Raleigh Office/Showroom  
Robert J. Nyberg  
6010 Duraleigh Rd.  
Raleigh, N. C. 27612  
919-782-7025

SCHOOL OF PHARMACY  
UNIVERSITY OF  
NORTH CAROLINA  
AT  
CHAPEL HILL

# Script

## DEAN'S MESSAGE

### "WHO'S GOING WHERE?"

The UNC at Chapel Hill School of Pharmacy Alumni Association was finally organized on October 4. It was an event to help celebrate 100 years of existence of a pharmacy curriculum on this campus. Congratulations to the individuals responsible for all aspects of the Association and particularly the October 4th event. For those who were unable to attend, you will not want to miss the next one!

The formation of the Alumni Association is only the beginning. If you, the alumni, want a viable organization, where there is not only an opportunity for fun and friendship, but the satisfaction of working for and reaching objectives, you will need to have some serious discussions.

My experiences in being active in a number of organizations—international, national, local and at the University level—suggest that organizations or units that have definitive short and long-range goals can accomplish the most. The more definitive, the better.

The situation is similar to a travel analog I once used in a talk. In making travel plans it must always begin with the question, "Where do you want to go?" This initial question must be quickly followed by questions such as: "How do we get there? . . . Who's going with us? . . . Where do we want to stop off? . . . How much does it cost? . . . How long will it take? . . . Will we know where we are once we get there?" On the other hand, there is the familiar story told of the farmer who, when asked directions to a town by a weary, lost traveler, always replied, "I don't think you can get there from here." Need I say more?

I would challenge the newly formed Alumni Association and its Board of Directors to map our directions as to where they're going, who's going with them, and the mode of transportation and cost. For example, now that you've collected dues, what do you want to do with it? Newsletters, football weekends and reunions are a must, but do these alone justify the existence of such an association?

### NATIONAL DEAN'S LIST

Thirty-one students from our School of Pharmacy have been selected for the 1979-80 National Dean's List. These students have truly made an impressive showing for themselves and for the School and should be congratulated.

Ginger Q. Alexander  
Michael C. Allen  
Randall B. Angel  
Laura L. Banner  
Betsy A. Bell  
Larry C. Carpenter  
Billie S. Chapman  
Carlisle Chenault  
Ann M. Covington  
Joseph R. Creekmore  
Gary M. Davis

Carla L. Dean  
Sheila D. Goodwin  
Karen K. Hayes  
Rita T. Hill  
John L. Hinson  
Alton D. Johnson  
Christopher E. Madison  
Martha F. McNeil  
Theresa A. Michaud  
Bradley L. Moss

Elaine B. Mott  
Eric M. Parker  
Deborah C. Prather  
Rosalind A. Robertson  
Melany A. Rogers  
David J. Roth  
Susan L. Speir  
Jo M. Travis  
Betty J. Turlington  
Susan C. Wobbleton

## FIRST ALUMNI DAY

If you missed the first Pharmacy Alumni Day held Saturday, October 4, in Chapel Hill, you really missed something special! More than 250 alumni gathered at Beard Hall at 9:15 a.m. for alumni festivities which included a coffee and donut breakfast, followed by the alumni organizational meeting, barbershop quartet entertainment, a catered picnic, and the Tar Heels beating Georgia Tech. Everything, including the weather, contributed to the perfect kick-off of the brand-new School of Pharmacy Alumni Association.

Pharmacy Alumni Day was the culmination of more than a year of planning. Tribute definitely should be paid to the following Steering Committee members who, among their many other duties, aided in drafting the Constitution and By-Laws as far back as Summer, 1979:



President Pro Tem Joey Edwards, "Now let's move along . . . we've got so very much to do and so little time before we have to leave."

### OFFICERS PRO TEM

Joe Edwards  
*President*  
Whitaker Moose  
*Vice President*  
Mary Ann Kirkpatrick  
*Secretary-Treasurer*

## ALUMNI STEERING COMMITTEE

George Abercrombie '78  
Brevard  
Tom Boone '44  
Ahoskie  
Dave Claytor '48  
Greensboro  
Gary Dunham '76  
Chapel Hill  
Joe Edwards '70  
Raleigh  
LaVoice Howard '68  
Durham  
Mary Ann Kirkpatrick '68  
Richmond, VA  
Al Mebane '55  
Chapel Hill  
Whitaker Moose '60  
Mt. Pleasant  
Jean Robinson '65  
Charlotte

These efforts were not in vain as the Constitution and By-Laws were quickly approved at the organizational meeting which began at 10:00 a.m. on October 4.

Additional business of the morning session included the election of the following officers:



Marshall Sasser reports, "The nominating process was difficult because there are so many good, interested graduates . . ."

**PRESIDENT**

Joey Edwards, '70, Raleigh

**VICE-PRESIDENT, PRESIDENT-ELECT**

Frank Lowder, '56, Winston-Salem

**SECRETARY-TREASURER**

Mary Ann Fulton Kirkpatrick, '68,  
Richmond, Virginia

All three will serve a one-year term.

The Board of Directors was also chosen with two members representing each of eleven in-state districts and one out-of-state district. Their terms of office vary for either one or two years as noted in the list of Board members below:

**Board of Directors:****District 1**

Tom Boone, '44, Ahoskie—1 yr.

Kathy Bowen Thutt, '73, Kinston—2 yrs.

**District 2**

Al Mebane, III, '55, Chapel Hill—1 yr.

Gary Dunham, '76, Chapel Hill—2 yrs.

**District 3**

Shelton Boyd, '39, Mt. Olive—1 yr.

Mary Lou Johnson Williford, '65,  
Smithfield—2 yrs.

**District 4**

LaVoice Howard, '68 Durham—1 yr.

Sherlynn Powell, '70, Siler City—2 yrs.

**District 5**

James M. Badger, '70, West Jefferson—1 yr.

Laura Burnham, '66, Winston-Salem—2 yrs.



**Mr. and Mrs. Wade Gilliam. Glad to be back. Mr. Gilliam is from the class of 1925, the oldest class represented on Alumni Day.**

**District 6**

Dave Claytor, '48, Greensboro—1 yr.

Paul David Smith, '77, Mebane—2 yrs.

**District 7**

Christine Manos Dutton, '58,  
Fayetteville—1 yr.

Sara Alice Hackney, '56, Lumberton—2 yrs.

**District 8**

Whit Moose, '60, Mt. Pleasant—1 yr.

Hal Reaves, '63, Pinehurst—2 yrs.

**District 9**

Jean Farmer Robinson, '65, Charlotte—1 yr.

Tommy Dagenhart, '70, Charlotte—2 yrs.

**District 10**

Ragan Harper, '65, Kings Mountain—1 yr.

Walda Parker Mathias, '71, Hickory—2 yrs.

**District 11**

George Abercrombie, '78 Etowah—1 yr.

Nina Shehan Faulkner, '74, Asheville—2 yrs.

**Out of State District**

Altajane Caudill, '40, Johnson City, TN—1 yr.

Dorothy Reaves Ball, '61, Marietta, GA—2 yrs.



**Tommy Taylor sharing his senior picture with his son.**



Al and Ginger Lockamy getting the scoop on the day's events from Dr. Mel Chambers as Sherlynn Dixon Powell checks over registration forms.

The new officers: President, Joey Edwards; Secretary-Treasurer, Mary Ann Kirkpatrick; Dr. Rollie Tillman, Vice Chancellor (who installed the officers); and Vice-President/President-Elect, Frank Lowder.



Mel Chambers, Mary Ann Kirkpatrick, and Whit Moose in a pensive moment.

The Carolina Blue Quartet (all from UNC at Chapel Hill campus) in another round of "Coney Island Baby." (Left to Right) Charles Chase, Biological Sciences Research Center; Raleigh Mann, Journalism; Jerry Fernald, Pediatrics; and Hugh Burford, Pharmacology.



Laura Burnham caught in a light moment. Could be the Dean just told one of his rare jokes.

"Chapel Hill . . . barbecue and fried chicken . . . a perfect fall day . . . good friends . . . a winning team . . . What more could you want?"



SCRIPT photos by Linda Hollowell

**MORGANTON**

Cornwell Drug Store #2 was burglarized Saturday night, July 19. The burglars apparently entered the pharmacy through an adjacent office building. The amount of drugs taken was not announced.

**FAYETTEVILLE**

An armed bandit got away with approximately 800 tablets of Dilaudid at Fayetteville Drug Company, Wednesday night, August 20. The bandit was armed with a pistol and ordered the pharmacist to give him Dilaudid, morphine and methaqualone, but fled with only the Dilaudid.

**TAYLORSVILLE**

Bethlehem Pharmacy was burglarized Sunday night, August 17. Drugs, cameras and camera equipment was reported missing. The thieves are believed to have been locked in when the business closed on Sunday.

**FAYETTEVILLE**

A bandit armed with a pistol robbed the Medicine Shoppe of a large quantity of drugs shortly after noon, Tuesday, September 9. The bandit forced the employees to put drugs in a paper bag and then lie on the floor while he made his escape.

**ASHEBORO**

Kearns Service Drug Store was entered Thursday, August 7 and \$458 worth of drugs were taken. The bottom pane of glass in the front door was broken out, and the thief was presumed to have entered there. Some of the stolen drugs were recovered on a lawn nearby.

**JACKSON**

Two teenagers were arrested during an attempted break-in at Futrell's Pharmacy Saturday, August 23. Entry was made by breaking a back window. Damage was estimated at \$100.

**ROCKY MOUNT**

A large quantity of controlled substances, including Valium, Cocaine, Demerol and Dilaudid was stolen from Kerr Drug Store the weekend of August 10. The thief entered through a roof vent and lowered himself through a false ceiling into the store. He then pried open a locked drawer and made off with drugs valued at about \$700.

**SALISBURY**

Acting on a tip, police arrested a Lowell woman and charged her with obtaining drugs by fraud at Kroger Sav-On. The woman was placed in Rowan Memorial Hospital for treatment of withdrawal symptoms later the same day.

**MT. PLEASANT**

About \$900 worth of drugs, including Valium, syringes and three calculators were stolen from Moose Drug Store September 30. According to police, the building was entered through a skylight window on the roof.

**RALEIGH**

A gunman robbed Honeycutt Pharmacy of \$170 in money and drugs Saturday, August 30. The robbery occurred about 3 p.m.

**RELIEF PHARMACIST AVAILABLE**

**Candice B. Teeter, Class of 1970, available to do relief work in the Raleigh area. Also interested in permanent part-time position. Contact: Candice B. Teeter, 504 Milbrook Road, Raleigh, NC 27609. Phone: 919-787-4186.**

**Pharmacist-manager position available in eastern North Carolina town. Competitive salary and benefits. Partnership, profit sharing, potential buy-in. Contact Box TMF-1 NcPhA.**



## LILLY DIGEST—NORTH CAROLINA PHARMACIES

Averages per Pharmacy	1979 NORTH CAROLINA (31 Pharmacies)		1978 NORTH CAROLINA (36 Pharmacies)		1979 UNITED STATES AVERAGE (1,458 Pharmacies)	
SALES						
Prescription	\$239,826—	58.5%		60.8%	49.8%	
Other	170,280—	41.5%		39.2%	50.2%	
Total	\$410,106—	100.0%	\$318,687—	100.0%	\$391,681—	100.0%
COST OF GOODS SOLD						
	263,867—	64.3%		64.3%		65.7%
GROSS MARGIN						
	\$146,239—	35.7%		35.7%		34.3%
EXPENSES						
Proprietor's or manager's salary	\$28,923—	7.1%		8.0%		6.5%
Employees' wages	54,240—	13.2%		12.5%		11.9%
Rent	8,892—	2.2%		2.0%		2.5%
Miscellaneous expenses	42,956—	10.4%		9.7%		10.4%
TOTAL EXPENSES						
	\$135,011—	32.9%		32.2%		31.3%
NET PROFIT (before taxes)						
	\$ 11,228—	2.8%		3.5%		3.0%
TOTAL INCOME OF SELF-EMPLOYED PROPRIETOR						
(before taxes on income and profit)	\$ 40,151—	9.9%		11.5%		9.5%
VALUE OF INVENTORY AT COST AND AS A PERCENT OF SALES						
Prescription	\$ 25,254—	10.5%		11.4%		11.8%
Other	37,988—	22.3%		23.1%		20.9%
Total	\$ 63,242—	15.4%		16.0%		16.4%
ANNUAL RATE OF TURNOVER OF INVENTORY						
4.2 times			4.2 times		4.2 times	
NUMBER OF PRESCRIPTIONS DISPENSED						
New	15,913—	45.9%		44.4%		49.7%
Renewed	18,763—	54.1%		55.6%		50.3%
Total	34,676—	100.0%		100.0%		100.0%
PRESCRIPTION CHARGE						
	\$6.92		\$6.20		\$7.18	
NUMBER OF HOURS PER WEEK						
Pharmacy was open	64 hours		62 hours		64 hours	
Worked by proprietor	45 hours		45 hours		47 hours	
Worked by employed pharmacist(s)	41 hours		31 hours		37 hours	

\*Source: 1980 Lilly Digest

## NORTH CAROLINA BOARD OF PHARMACY FEE INCREASE SURVEY RESULTS:

Total number of members responding .....	30%
Support the fee increase as stated .....	66%
Oppose any fee increase .....	11%
Support only the license renewal increase .....	7%
Support only the Pharmacy permit renewal increase .....	12%
Responses not in any category .....	4%

Stephen E. Stafford has been assigned to the Hickory territory for the Upjohn Company. He recently completed four weeks of training at the Upjohn Company Learning Center in Kalamazoo. Steve is a pharmacy graduate of Mercer University.



### PPI GUIDELINES FOR THREE DRUGS

FDA has published final guidelines for the first three of the ten drugs and drug classes which will require patient package inserts. These guidelines for cimetidine, clofibrate and propoxyphene PPI's appear in the November 25 Federal Register. Dispensing of patient information becomes compulsory May 25.

**Pharmacy Disqualified From Medicaid Program . . .** Disqualification from participating in the Medicaid program was not an excessive penalty for a pharmacy and a pharmacist who filed a fraudulent claim for reimbursement, the highest court of New York ruled. The pharmacist substituted a generic equivalent for a brand name drug but submitted a bill for Medicaid reimbursement for the full price of the brand name drug. He obtained \$3.39 to which he was not entitled. The pharmacy pleaded guilty to one count of fraud and was fined. The Department of Social Services then permanently disqualified the pharmacy and pharmacist from participating in the Medicaid program. An appellate court modified the penalty, but the high court reinstated the permanent disqualification. Even though only \$3.39 was involved, the court said permanent disqualification was not an excessive penalty—*Schaubman v. Blum*, 402 N.E. 2d 1133, 426 N.Y.S. 2d 230 (N.Y. Ct. of App., Feb. 12, 1980).

*From THE CITATION, Vol. 42, No. 1/October 15, 1980*

## CONGRATULATIONS to the 34 pharmacists licensed by examination— October 21, 1980

Wilma Denise Alston, Greensboro  
Judy Gayle Mabe Atkins, Wheeling, IL  
Sherry Annette Barbour, Benson  
Justin Eric Benfield, Concord  
Alisa Renee Boyette, Chiquapin  
Joseph T. Broadway, Arden  
David Woodrow Carter, Asheboro  
Elizabeth Anne Ciaccio, Chapel Hill  
Dana Eric Coleman, Durham  
Stuart Kimsey Cowan, Sylva  
James Edward Dugan, Durham  
Annie Laurie Eskridge, Carrboro  
Joseph Daniel Eudy, Jr., Kinston  
Lisa Ann Fleisig, Greenville  
Leslie Reynolds Ford, Asheville  
Nancy Virginia Garner, Burlington  
Christine Grace Guarrera, Chapel Hill

Cindy Gardner Hendrick, Chapel Hill  
Teresa Buckner Jackson, Winston-Salem  
Meredith Anne Jamieson, Greensboro  
Wallace Allen Johnson, Jr., Mount Airy  
Steven Douglas Kotter, Bahama  
Barbara Medlin Lassiter, Greensboro  
Susan Lee Lawson, Chapel Hill  
Richard Sommerville Lee, Greenville  
Jo Webster McCall, Weaverville  
Janet Dodson McCallum, Durham  
Cynthia Long Patterson, Winston-Salem  
James Lee Patterson, Jr., Statesville  
Mary Catherine Plonski, Chapel Hill  
Doyle Edison Powers, High Point  
Kinney Ward Register, Raleigh  
Carlene Renee Taylor, Mebane  
Deborah Anne Wellons, Robbins



**60 UNIVERSITY OF SOUTH CAROLINA PHARMACY SENIORS  
VISIT SMITH-SPARTANBURG**

Smith Drug Company Division J M Smith Corporation, Spartanburg, S. C. was host recently to 60 senior students from the University of South Carolina College of Pharmacy. The visit is a part of their course in Marketing and Pharmacy Management. A tour of Smith's Drug Division and Data Processing Division was given, showing their modern up-to-date facilities for processing wholesale drug orders.

Following the tour, J. M. Smith, Jr., President of J M Smith Corporation, spoke to the group on the economics of wholesaling and wholesaler services that are now available along with some projections of what the future may bring. B. E. Shelley explained Smith's hospital buying service. Frank H. Milstead told the students how the collection of S. C. Medicaid can be simplified via SPEED (Smith Portable Electronic Entry Device).

A demonstration of the QS/1 Pharmacy System, developed by Smith's Data Processing Division, using the IBM Series/1 Computer was given by Louie Phipps, Director of Pharmacy Services.

The students were accompanied by James M. Plaxco, Ph.D., Professor of Pharmaceutics and Helen C. Foley, Administrative Assistant to the Dean for College Relations.

# We're not strangers...



**Washington  
National**  
INSURANCE COMPANY



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National**  
INSURANCE COMPANY

## MARRIAGES

Miss Robin Ann Pate and *Robert Horace Tripp* were united in marriage Sunday, April 27 at the First Christian Church in Plymouth, N. C.

The bride is a graduate of East Carolina University School of Nursing. The bridegroom is graduate of the School of Pharmacy, University of North Carolina in Chapel Hill. The couple resides in Ayden.

Miss Susan C. Cook and *John F. Watts* were married on Saturday, July 19, 1980 in Atlanta, Georgia.

The bride is a graduate of Lenoir Rhyne College and is employed by the Caldwell County Schools. The bridegroom is a graduate of the University of North Carolina School of Pharmacy and is manager/pharmacist at Crown Drugs in Taylorsville. The couple resides in Taylorsville, N. C.

## AUTO LOVERS BEWARE

Jean Gagnon, Chapel Hill, has restored a small British sports car to beautifully mint condition and is properly proud of his work. He left the car parked on the street one day and returned to find a note on the car. "I love your car and I am sure I am in love with you," said the female auto buff. She ended with her phone number. According to Mrs. Gagnon (Ann), Jean has not been allowed alone in the car since.

## OBITUARIES

### Thomas G. Crutchfield

Thomas G. Crutchfield died Saturday, November 15, 1980 at Moses Cone Hospital, Greensboro. He was a native of Caswell County and was licensed by the N. C. Board of Pharmacy in 1920. He practiced pharmacy in Raleigh at Hicks-Crabtree Co. for several years before moving to Greensboro. He was associated with O'Henry Drug Store from 1924 to 1933, after which he was a co-owner of the Crutchfield-Browning Drug Company, from which he retired in 1970.

Crutchfield was a Rotarian, a member of the West Market Street Methodist Church, Greensboro Country Club, and the Greensboro Society of Pharmacists. In 1967 he was voted a Life Membership in the North Carolina Pharmaceutical Association.

## BIRTHS

Mr. & Mrs. Leslie Hill (Mary Lou) Davis, Charlotte proudly announce the birth of their son, Brice Leslie, who was born Friday, October 31. Brice weighed 8 lbs. 13 oz. and measured 21 inches long. The Davises also have a two year old daughter, Emily Candace.

Leslie is a graduate of the UNC School of Pharmacy, Class of 1973 and Mary Lou is the immediate past president of the Charlotte Woman's Pharmaceutical Auxiliary.

## RELIEF PHARMACIST AVAILABLE

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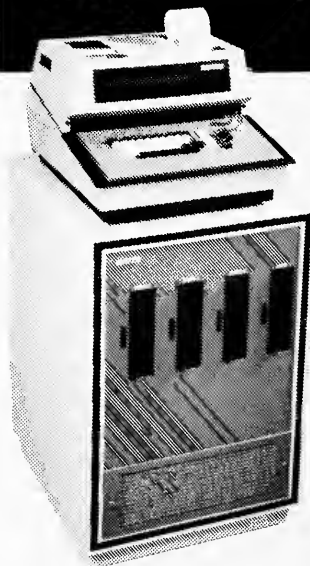
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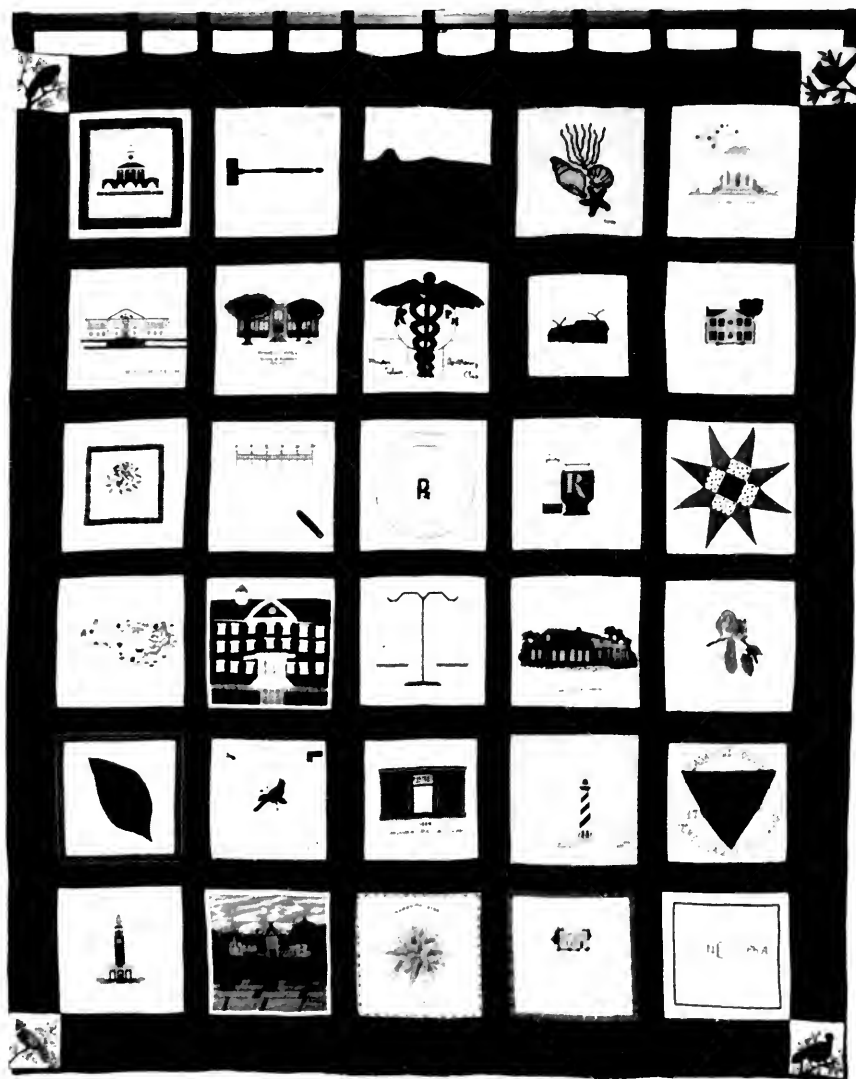


DECEMBER 1980

VOLUME 60

NUMBER 12

# THE CAROLINA JOURNAL of PHARMACY

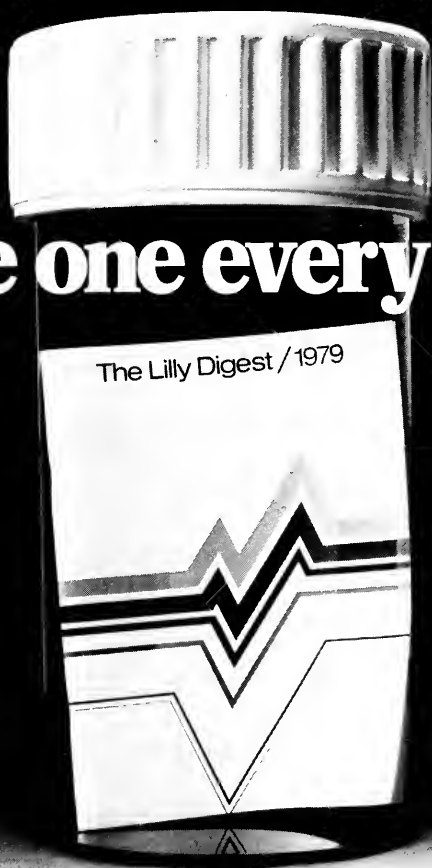


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Presented to NCPHA by the Woman's Auxiliary

(Staff Photo)

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#### **It's that time of year again.**

Soon, you'll receive your *Lilly Digest* questionnaire in the mail. All the information in the *Lilly Digest* depends solely on the information we receive from you, the community pharmacist. You make the *Digest* possible. And you benefit from it. That's why every response is important. Let us hear from you.



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(USPS 091-280)

DECEMBER 1980

VOLUME 60

NUMBER 12

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## THE WATTS LINE



**Jack G. Watts**  
President, NCPHA

As we have our Christmas dinner with our families, let us remember that we as pharmacists have important responsibilities and obligations to maintain in our communities.

There should be a sense of happiness that comes to the heart of every pharmacist in North Carolina who will take a little time to realize that through his work the lives of many people have been made happier, their well-being increased, and their outlook strengthened.

Christians proclaim the Gospel of Peace. The promise of the angels was not riches or power, but "Glory to God in the highest, peace on earth good will toward men."

Christmas is Christianity in action. It is the season when we open our hearts to our fellow man. In fact, it provides that open heartedness and sincere goodwill should be practiced at all times and in every season. This I see throughout the year with our pharmacists in North Carolina.

Christmas is a time of Consecration. With a belief and faith in something greater than ourselves, we do not abandon hope for universal peace and happiness. Dedicated as we are to the service of our fellow man, it is our privilege to treasure throughout the year the satisfaction that comes from helping others to help themselves. One of our greatest possessions is a thankful heart.

I have never written a message to you that I have not wished might be better. I have never

visited and talked with a pharmacist without realizing how much I might have improved on my remarks. I never go back and re-read an article that I have written without seeing corrections that I might have made.

Life is a constant changing of our thoughts and emotions, and they should be with a hope to do a better job.

I guess the bottom line—as they say—of the messages from the President each month is one thing—for the pharmacists of the North Carolina Pharmaceutical Association TO CARE.

I send you my Season's Greetings, in the words of Henry Van Dyke: "I am thinking of you today because it is Christmas and I wish you happiness and tomorrow because it is the day after Christmas, I wish you happiness—and so on clear through the year—I may not be able to tell you about it everyday, for I may be far away, or we both may be very busy—but it makes no difference, the thought and the wish are there just the same. Whatever joy or happiness comes to you, will make me glad—then in plain words and without pretence, goodwill to you is what I mean in the Spirit of Christmas."

Jack G. Watts  
December, 1980

**\*\*THE FDA CONSUMER IMPERATIVE\*\***

**Steven R. Moore, R.Ph., M.P.H.**

*Drug Labeling Specialist*  
Prescription Drug Labeling Staff  
Bureau of Drugs  
Food and Drug Administration  
5600 Fishers Lane  
Rockville, Maryland 20857

As Presented at the Women's City Club  
Grand Rapids, Michigan  
November 20, 1980

The Food and Drug Administration (FDA) has, from its beginning, sought to provide protection to the public from unsafe foods, drugs and cosmetics. Originally, a component of the Department of Agriculture, and now a component of the Department of Health and Human Services, the Agency supervises a vast network of reviewers, inspectors and policy makers to implement its mandate. From its basis in the Food, Drug and Cosmetic Act of 1906, to extensive coverage in areas of foods, drugs, biologics, radiologic health, veterinary medicine and medical devices, today the Agency exists on your behalf.

The specific mandate for consumers is derived from an executive order of 1979 that puts forth certain minimal levels of consumer activity that each agency should provide. This mandate covers five major elements:

- A professional consumer-affairs staff authorized to participate on behalf of consumers in the development and review of all agency rules, policies, programs and legislation;
- Effective procedures for participation by consumers themselves in the development and review of all agency rules, policies and programs;
- Development of information materials for consumers;
- Consumer-affairs training for agency staff members and, where appropriate, technical assistance to consumers and their organizations; and
- Procedures for systematically investigating and responding to consumer complaints and for incorporating analyses of those complaints into the development of agency policies

The FDA has been in the forefront of providing consumers access to its activities. The FDA's Office of Consumer Affairs provides this valuable link for the Agency. It publishes, on a regular basis, its "Consumer Update" that is mailed to over 20,000 consumers, as well as numerous spot notices of up-coming hearings on regulatory action.

Additionally, the Office Affairs publishes a magazine entitled, *FDA Consumer*, which is found in many libraries and organizations around the country. Also, the Office for Regional Operations provides a system of field offices across the country, which have assigned Consumer Affairs Officers, to answer questions from consumers and provide ready access to FDA resources.

Although there are many global attempts for consumer services to the FDA, specific programs are also aimed directly at consumers. In 1975, the FDA was petitioned by several consumer organizations to provide more information about prescription drugs to consumers. Their arguments were based on the fact that many drugs are quite potent, have potentially harmful side effects, and currently are dispensed without proper information from health professionals. After a period of discussion with consumers and health professionals, the FDA decided to require Patient Package Inserts (PPIs), or leaflets to be dispensed with prescription drugs that provide information to consumers about the drugs they are being prescribed.

The means by which an Agency, such as the FDA, accomplishes such a task is by regulation. On July 6, 1979, the FDA published in the *FEDERAL REGISTER* a proposal for PPIs. In it, we

*(Continued on next Page)*

## THE FDA CONSUMER IMPERATIVE

recognized that consumers are increasingly expressing a desire for more information on the drugs they consume. We also acknowledged that pharmacists and physicians have a role in providing such information to consumers. By the best information we are able to obtain, however, we found that this information frequently is not being provided. We also acknowledged that many books are appearing in stores that address the need for information on drugs. Unfortunately, much of this information is incomplete, inappropriate or wrong. However advantageous it would be to assure that the proper information is provided by the physician at the time of prescribing the drug, this is not possible under current law. We are able to require standards for the amount and type of information in the labeling of prescription drugs, and the PPI has been deemed to be just this.

The proposed regulation received a great deal of public scrutiny. Over 1700 comments were received by the Hearing Clerk. The majority were from individual consumers expressing a desire for such information and expressing the feeling that this information was not currently provided or available. There were also a sizeable number of comments from health professionals, professional and trade organizations, and the drug industry saying that the PPIs were unneeded, unproven and too costly.

After carefully studying the comments and re-evaluating the plan, the FDA published the final regulation in the FEDERAL REGISTER on September 12, 1980. In an attempt to fully evaluate the effort, the FDA decided to require PPIs for 10 drugs and, over a three-year period, study the effects of the PPIs, including costs and benefits. The PPIs will be distributed starting in the spring of 1981, with new prescriptions only. The drugs that will receive PPIs are—

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Volume \$250,000  
Inventory: \$50,000  
70% Prescription  
70 Prescriptions a day  
No Charges, No Deliveries  
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Eastern N. C.

Eastern N. C.  
Volume Appx. \$550,000  
Inventory: \$109,000  
Accounts receivable: \$13,000  
Includes Radio Shack franchise  
Located in shopping center  
with major food chain.  
5,000 square feet sales area  
No fountain—no deliveries.

Volume: Appx. \$1,000,000  
Inventory: \$150,000  
200 Prescriptions a day  
No Charges, No Deliveries  
No Fountain  
Expensive, but Buyer Can Make a Bundle  
South Carolina Location

Eastern N. C.  
Town (population) of 12,000  
Volume: \$250,000  
Inventory: \$50,000  
Accounts receivable: \$14,000  
Low overhead  
No fountain.  
Some owner financing.

If you have a store with a volume of \$200,000 or more  
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AMPICILLIN	—Broad Spectrum Antibiotic
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CIMETIDINE	—New Anti-Ulcer Drug
CLOFIBRATE	—Drug to lower Blood Lipids
DIGOXIN	—Cardiac Drug
METHOXSALIN	—Skin Pigmentation Problems
PHENYTOIN SODIUM	—Anticonvulsant
PROPOXYPHENE	—Analgesic
THIAZIDE DIURETICS	—Diuretic/Hypertension
WARFARIN	—Anticoagulant

This group of drugs accounts for almost 110 million new prescriptions per year.

Certain specifications have been set for the text of the PPIs. They include—

- IN NON-TECHNICAL LAY LANGUAGE
- NOT PROMOTIONAL IN TONE OR CONTENT
- CONSISTENT WITH PROFESSIONAL LABELING
- MINIMUM PRINT SIZE

The literary content of the PPI is also structured to include pertinent information which includes—

- SUMMARY
- USE OF THE DRUG
- WHEN THE DRUG SHOULD NOT BE USED
- POTENTIAL SAFETY HAZARDS
- PRECAUTIONARY STATEMENTS
- RISKS OF DEVELOPING DEPENDENCE OR TOLERANCE
- OVERDOSE AND MISSED DOSE
- POSSIBLE SIDE EFFECTS
- REQUIRED STATEMENTS—
  - WARNING NOT TO TRANSFER DRUGS
  - STRESS IMPORTANCE OF FOLLOWING DIRECTIONS
  - WARNING NOT TO USE FOR OTHER CONDITIONS
  - AVAILABILITY OF PACKAGE INSERT
  - KEEP OUT OF REACH OF CHILDREN

However, the actual dispensing of the PPI will not be required in certain conditions. These include—

- NEW PRESCRIPTIONS ONLY—NOT WITH REFILLS
- PHYSICIAN DIRECTED WITHHOLDING (though patient request can override the physician directed withholding)
- EMERGENCY TREATMENT
- INSTITUTIONALIZED PATIENTS—PPIs AVAILABLE
- LEGALLY INCOMPETENT PATIENTS—
  - PARENT
  - LEGAL GUARDIAN

Given that the PPI will become a part of accepted practice in dispensing prescriptions, the FDA feels strongly that there are certain distinct functions that a PPI will serve. The first is the fulfillment of the patients right-to-know about the drug they are consuming. A well-informed consumer can enter into the process of his or her own treatment by carefully weighing the benefits of the drug to the risks inherent in its use. Second, the document will provide information. Based upon the material that has been involved in getting the drug approved for use, the facts about its use and warnings about its potential for misuse are carefully presented. Third, the document will provide material that gives the needed message for that particular drug. For some drugs, this is to take the drug over a long period of time, for others this is to

*(Continued on Page 9)*

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1021 Glade Street  
Winston-Salem, NC 27102  
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**Pilot  
Life**

## THE FDA CONSUMER IMPERATIVE

avoid certain foods or other drugs, for other drugs this is to make certain the drug is taken at the same time daily. This type of information is vital to the patient, but too wordy to be put on a prescription vial label. Fourth, the document will serve as a reference. The leaflet will be available to the patient after the drug therapy has begun, and will enable the patient to obtain information during the time adverse reactions might occur, and what steps should then be taken.

One could rightfully ask how we hope to substantiate the usefulness of this approach. The FDA recently obtained the services of a select committee of the Institute of Medicine (a component of the National Academy of Sciences) to develop a plan of evaluation for the program. Based upon their suggestions, the FDA has committed \$1.5 million to look at PPIs over the next three years. Specifically, we will examine—

- What are the costs involved with PPIs?
- What is the influence on the health professional-patient relationship of the PPI?
- What is the most cost effective method for distributing PPIs?
- What is the level of PPI availability?
- What are the effects of PPIs on patients?

At the end of the three-year period, we will examine all the data to determine the future direction for the PPI program based on these studies.

One vital element that surrounds all facets of this and other federal regulatory initiatives is the costs involved and the benefits obtained therein. Based upon an economic analysis, the FDA projected a cost of about 18¢ per PPI to consumers. However, we also see a great potential benefit in the PPIs. We would reasonably see a decrease in inappropriate prescription drug use, fewer hospital admissions for adverse drug reactions, and reduced number of work-loss (disability) days. As you are well aware, these readily transcribe into consumer dollar savings.

As you can see, the FDA feels a strong commitment to consumer related activities. At the present time, PPIs are a major effort to fulfill this consumer mandate. We urge consumer input into this and other consumer related areas on a continuing basis.

---

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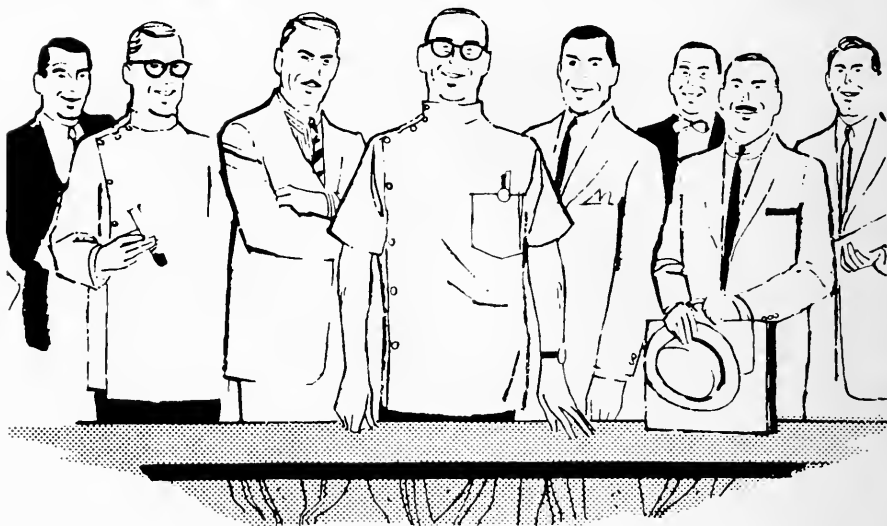
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## A PHARMACIST'S THAILAND REFLECTIONS

*George Williams, Greenville Pharmacist, worked in Refugee Camps in Thailand this summer.*

### BANGKOK, THAILAND

Gloomily, I laid the clippings from the *Bangkok Post* on the table.

"Crab corn soup?" the Colonel asked twisting the cap off a bottle of Mekong whiskey and letting it trickle over the ice cubes.

"Yeah, I'll have some. . ."

The Colonel looked up seemingly irritated.

"Uh . . . yessir, I'll have some crab corn."

"Crab corn!" the Colonel barked across the narrow upstairs restaurant and a waiter scurried to the kitchen below.

I sagged against the bamboo wall dripping sweat. "Are we *safe*?"

"Safe! I thought you were an ol' Green Beret."

"I am. I just want to know if I'm going to be killed on purpose or by accident." I held up the clippings, "Mekong patrol ambushed, army base raided, fishing fleet sunk, border incursions," then I lifted the last clipping showing an observation plane in a death spiral, one wing shot away by rocket fire.

"Humm. That's near Aranaypradet," he said matter of factly, "I recognize it."

"Will the Vietnamese army attack Thailand again?"

"Not any time soon. They did that because the Khmer Rouge and the Khmer Serei are using the refugee camps as sanctuaries. The bulk of the Khmer Rouge are under attack in the Cardamome mountains in southern Cambodia. When the Viets turned south they just didn't want to leave their flanks open. He moved closer to the table and lowered his voice. "They will come after Thailand someday. . . we just don't know when. Communist insurgents are all over Thailand trying to disrupt the economy and cause political unrest. How safe westerners are depends on how fast things happen. You know, like is there going to be a *run* on the airport? That kind of stuff. For the refugees, all they can do is walk, starve and die unless they can get to a third country or back in their own. But there is *no* food unless it comes from the outside."

I nodded and spooned the crab corn soup. "What's the hospital like?"

"Well," he said bumping his glass on the table, "it's kind of a cross between a county health clinic and a battlefield aid station. They'll be treating malaria, dysentery, worms, all kinds of infections. They get some snakebite, a few deliveries, but they do very little surgery. That goes to the hospital in Nan. They have no steady lines of supply so they have all kinds of drugs and equipment. It'll be French, German, American, Thai and Chinese. The staff is made up of French, Australians, Irish, Americans and some Thais, Hmong and Yaos. The village itself comes under the Thai army. They are lager'd in at the base of the mountain.

"What's my job?" I asked wondering what I could possibly contribute.

"Your job's easy. That is except for the heat, the fever and the terrain. Anything in the tropics requires stamina and you'll need it even for this one. There is a shipment of thirty-eight cases of drugs from the states that needs to be uncanted and the pharmacy needs to be set up. You can have ten days at Nam Yao, then I need you back down here to help me take the vehicles up to Nam Yao. That'll complete our mission."

"I can do it. Are there any American doctors up there?"

"No . . . not now."

"I slowly swallowed the last spoonful of shredded crab meat and corn. It was good!"

### POT PONG

We sprinted across four lanes of bobbing headlights, both of us choking on gas and diesel fumes. We entered a narrow, garbage stewn, passageway where vendors selling crocodile belts,

*(Continued on Page 15)*



Colonel John Brookshire and George Williams at Kamphaeng Phet, Thailand.



cobra skinned wallets and oil paintings on bamboo leaves tugged at our clothing. Oriental versions of western songs blared through red and blue neon lighted doorways. Beautiful girls in black *ao dais*, slitted to mid-thigh lingered along the path.

The Colonel crossed the ally to a brightly lit pharmacy where he purchased a handful of Fansidar. "Take one of these every Monday while you are here and every other Monday for six weeks after you get back home. It prevents malaria."

Stuffing the Fansidar into my pocket, I looked at the display cases that contained Inderal, Cardilate and many other drugs. "You sell everything here," I said to the Pharmacist.

"Yes," he answered. "Pharmacists here must do many things. A lot more than you do in the States."

"Don't you have prescriptions?" I asked as the Colonel vanished through the doorway.

"Sure," he laughed. "We get a piece of paper from the doctor, but we do much of the work ourselves."

"You must have a good business."

"Yes I do," he said, walking from behind the counter and stepping onto the sidewalk where he began wiping dust from a silver Mercedes sedan. "But, I am open many hours and my whole family works here."

"I understand," I said as I waved goodbye to him and dashed into the darkness after the Colonel.

## NAN PROVINCE (400 Miles North of a Bangkok)

In the Army this would be known as a *mission support site*. Here it's just another house on stilts," the Colonel chuckled.

"I think the heats getting to me," I said clambering up the steps behind him. "My bones are aching like hell—feel like I've got arthritis."

The Colonel stopped wisecracking and looked at me studiously.

"The whole house is made of teak," I said, breaking the silence.

"It weathers well. You're sweating a lot, you know that," he said, sternly. "Sack out on the mat for a while."

I dropped my pack and stripped to my shorts and spread out on the thick straw mat. Mosquitoes whining in my ears awakened me an hour later. It was dark and I was alone. I hobbled to the toilet and passed bright red blood and clumps of mucous, then I began shaking as if I were freezing. It lasted about fifteen minutes, then I felt hot and began sweating, drenching the clothing I had put on. Afraid I might pass out from the blood which continued to flow, I lay by the doorway and fell asleep again.

A bright light was shining in my eyes, "It's dengue," the Colonel said. "You won't be worth a damn for a month!"

A day later, still aching, sweating and stiff, I hitched a ride to the Hmong village and hospital at Nam Yao. In the main ward dozens of Hmong and Yao lay groaning on sheetless mattresses. Others just sat quietly fanning flies. Few look worse than me, I thought to myself.

Soon, Aroon, a young Thai led me to a chair in the pharmacy. He scooped up a cup of cold water and switched on the Casablanca fan.

"Will you help me set up the pharmacy?" he asked.

"Yes, but I can't move around too much."

"I know, you have dengue, but we have many helpers. I have Dong Cha and Ban Tun and five more to help us. You only say what to do."

"When I inspected the first case of drugs an eighteen inch gecko scampered across the wall. I startled.

"That good luck!" Aroon beamed.

"I need it, Aroon. I need it," I said slowly.

The Hmong, as it turned out, were not always tolerant of western medical care. They had a Shaman who frequently came first. They are animists believing in witches and demons and  
(Continued on Page 17)

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werewolves. They carry their dead to the top of the mountain where they are buried in shallow graves, exercised, then covered with rocks. (Shallow burial, they say, gives rise to the large number of man-eating tigers in Nan Province.) The body has three souls. One goes to heaven, one remains at the grave site and one is re-embodied.

The Hmong Village was downhill from the grave sites. The houses were built of bamboo or split boards with thatched roofs. A few feet from each house were toilets and very often animal pens for pigs or chickens. A steep trail wound through the center of the village passing the doorways where elderly women squatted producing elaborately embroidered pocket books and blankets.

Older men who had fought valiantly with the CIA and Special Forces during the Viet Nam War languished in these hooches often becoming opium addicts. *But* many of the older and younger men entertain the idea of returning to Laos and fighting the Vietnamese. In fact rumor indicates that the Chinese are actively seeking these people for their excellent mountain fighting skills.

A Chinese family operated a three-sided tin roofed soup house at the bottom of the mountain. Dogs slept on the dirt floor and pigs squealed just behind the grass walls. I was to carefully count the dogs each day as the Colonel had told me—If one was missing, I was supposed to skip the soup. I had soup each day dogs or no dogs. That was followed by a mix of bean sprouts, noodles, chopped pork and peppers stirred together over heat in a large frying pan. It was served in a wooden bowl with chop sticks. In fact, the food was delicious!

## BANGKOK RE'PE'TER

The Colonel and I boarded a Tuk-tuk, a motorized rickshaw, and pattered into the snarling Bangkok traffic the next evening. The day had been especially hot and the stench of Bangkok's decay was stifling as we passed the barely flowing *klongs* filled with garbage and sewerage.

He ordered for both of us. I sat still, feeling luxurious in the air conditioning, but the sweat continued to dribble down my face and back. In the candle light I could see putteed doormen standing at attention by the alcove. A dozen waiters whisked between the tables in our corner of the room. One stopped and deftly presented the Colonel with a bottle of wine. The Colonel sniffed the cork, spoke, and moments later the wine was decanted into crystal. Prawn came, sprinkled with black caviar tasting rich and salty. Soup followed, then Kolbe beef with asparagus tips and pommes frites. Later the waiter created flaming crepe'suzette and brought coffee.

"How do you like the better half of *Saigon*?" the Colonel asked.

"You mean *Bangkok*?"

"What's the difference . . . in the end?" he laughed. "How's the chow?"

"Beat's lizard. What's the occasion?"

"Just trying to cheer you up from the dengue. Sometimes it'll depress you. And I want to get some answers about the hospital."

"Well, it's in bad shape, but I feel like it is improving. I did my job—maybe they telegraphed you . . . I buried most of the drugs from the States. They were worthless to us.

"Buried!" The Colonel said surprised.

"You're not going to believe this," I said shaking my head, "but I had cases of acne gel and physicians' samples of antacids . . . all the way from the states. I had cases of vitamins in soft gelatin capsules—you know, the squishy kind. They stuck together like a giant basketball. You could throw them around. There were a lot of rub-on steroids, too. The Aussie doc thought the Hmong medics might put them on fungus infections and cause problems."

"What did the Thais think of throwing the stuff away?"

"I think they were happy to get it out of the way. I get the impression they feel American aid is a nice gesture but, well . . . misdirected."

"Then the best thing to do is let the Thais handle the supply problems!" The Colonel injected.

(Continued on Page 19)

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"Sure. The Pharmacy at Nan is first class. Nikom even makes his own IV's using a deionizer and autoclave."

"Can we get Nikom to visit Nam Yao?"

"He's been up there before, but maybe he just wasn't welcomed or something. Doctor Boon-yan is head of Nan Province. He is Nikom's boss and he is over the hospital at Nam Yao."

The Colonel sipped his coffee. "Did you see any troops?"

"A platoon each day, squealing through the mountains in *two and a half's*. Here and there you'd see a circle of hooches and a flagpole. There were a lot of checkpoints. Looked like a kid's lemonade stand with a portable radio and a couple of M-16's."

## ... TO PHRAE

The humidity seemed to bind us to the stucco wall like glue as we watched the sun's rays in the amber shards of glass atop the wall at Convent Number Five.

"That's him," the Colonel whispered tiredly as he lifted his equipment and rattled the iron gate loose.

Watt pulled the van over the curb and Arnat followed in the pick-up truck. Both were new, painted white with red crosses taped front, rear and on all doors. Both were filled with bandages, IV sets, dental equipment, scrub brushes, drugs and administrative equipment. All, courtesy of United States citizens.

"Which way?" Watt beamed, obviously pleased to be driving for the Colonel.

"Follow Route One along the Chao Phraya River. Cross the Ping at Kamphaeng Phet. Cross the Yom at Sukhothai and then to Phrae. We'll *lager* there.

"Then to Nan and Ban Nam Yao, tomorrow?"

"Right. We'll leave before sunrise tomorrow; deliver the stuff and make the afternoon plane from Nan."

We scampered in as Watt pulled away tapping his horn scattering dozens of strawhatted Chinese who jiggled past balancing hot cookpots and canisters of rice on long shoulder poles.

The sun seared away the morning haze and Route One past Don Muang Airport appeared like a causeway over an inland sea of Thailand's main staple, lowland rice. Thai workers, clad in black, waded the feeder canals with their water buffalo to small islands that dotted the ricefields.

Farther upland, villages yielded clouds of acrid blue smoke as villagers burned away the jungle that constantly twines its way forward.

"Why are we staying at Phrae?" I asked the Colonel. "Why not push on?"

"Are you kidding?" he yelled over the rushing wind. He picked up a pineapple, hacked off the top and began cutting the fruit into small cubes. "Too dangerous! Too many bandits . . . not to mention the Communist insurgents. Hell, just think of the animals! You got tigers, leopards, bear, panthers, rats, seventy-five kinds of lizards . . . monkeys. I mean anything could happen if you break down. You got twenty-five kinds of bats, porcupines, thirteen kinds of deadly snakes, crocodiles. The night belongs to them, not us.

I nodded and chewed up the pineapple anxious to see the lights of Phrae when night came.

## NAN AIRFIELD

It was like a sauna standing on the runway the next afternoon at Nan airfield.

"Colonel, what did you think of the reception we got at Nam Yao?"

He shrugged. "I guess I'll never understand overseas relief groups. Especially Americans. Sometimes you wonder whose side they're on," he added sadly.

"Yeah. The French and the Aussies were happy to see us. The Americans seemed, well, embarrassed. I kinda get the feeling the Americans think they are supposed to suffer . . . I mean more than they already are."

(Continued on Page 21)

# Our best friends are our severest critics and our greatest assets.

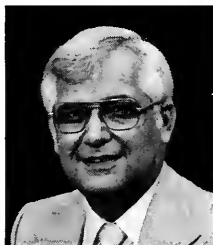
## Meet our 1980 Pharmacy Consultant Panel.



Donald A. Dee, R.Ph., Exec. Sec.  
Minnesota Pharmaceutical Assoc.  
Minneapolis, Minnesota



Harold H. Wolf, Ph.D.  
Dean, College of Pharmacy  
University of Utah  
Salt Lake City, Utah



Nelson E. Taylor, R.Ph.  
Community Pharmacist  
Nampa, Idaho



Arthur Koorthan, R.Ph., Div. V.P.  
Pharmacy Operations, Cunningham  
Drug Stores, Detroit, Michigan



David Zilt, R.Ph., Dir.  
Pharmacy and Central Service  
University of Wisconsin Hospitals  
Madison, Wisconsin



H. Joseph Schutte, R.Ph.  
Community Pharmacist  
Louisville, Kentucky



Marianne Ivey, R.Ph.  
Clinical Pharmacist  
University of Washington Hospitals  
Seattle, Washington



Milton H. Miller, R.Ph.  
President, Petty Drug Company, Inc.  
Little Rock, Arkansas



Gary Thudium, R.Ph.  
Community Pharmacist  
Vinton, Iowa



Harland W. Henry, R.Ph.,  
Director of Pharmacy  
Memorial Hospital System  
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sional and other pertinent matters are invaluable.

Their advice and counsel helps us serve you better in the expanding role of pharmacy.

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That's what the ten members of our 1980 Pharmacy Consultant Panel provide.

Their views on profes-

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The Colonel bit his lower lip and nodded slowly. "I thought it was just me, so I didn't say anything. Frankly, I'm glad to get the devil out of there. It's like they don't really want anyone to do anything."

"Is it worth it? All this aid?"

The Colonel gazed across the tarmac as the DC-3 coasted in.

"What do the Cambodians and Laotians think about all the American aid? The doctors and nurses, the State Department, the Red Cross, the volunteer agencies. Hell! They must think something!"

"You'll find out," the Colonel said in a sympathetic tone. Look for it in the news. But it will be in bits and pieces so small most Americans won't really know what happens. It's funny. Americans care enough to *give* the money, but they don't care enough to see *what's done* with the money.

We boarded the DC-3 and soon we were high above the rice paddies, the mountains and the Mekong.

## CALIFORNIA

The Colonel strode briskly through the San Francisco airport a pack slung over one shoulder and swinging his heavy briefcase in broad sweeps as if to gain momentum. He stopped momentarily and took out the scrap of paper containing my scribble.

## TIENS, VIOLA DU BOUDIN

In the course of our faraway campaigns,  
Facing fevers and bullets,  
Let us forget, along with our sorrows,  
Death, which never forgets us.

French Foreign Legion



Hmong village on the mountainside at Nam Yao.

## DISASTERS, MINOR & MAJOR

### HIGH POINT

Elder's Drug Store was the scene of an armed robbery, Monday, November 17. The thief approached James Elder, the owner, drew a handgun and ordered him to place all Schedule II drugs and money in a sack. Elder and a clerk were then made to lie on the floor while the robber fled.

### FAYETTEVILLE

Fayetteville Drug Company was robbed Wednesday night, August 20 when a man wielding a handgun entered about 9:30 p.m. and demanded drugs. He escaped with drugs and about \$250 in cash.

### HICKORY

Four men distracted store employees long enough to steal over \$800 from the cash register in Phil's Pharmacy, Saturday, October 18. No weapon was used in the theft.

### DUNN

An unknown amount of jewelry and drugs were taken from Butler and Carroll Drug Store the evening or early morning of October 1 or 2. Thieves entered the store by breaking a glass in the front door.

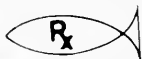
### STATESVILLE

A citizens chase enabled police to arrest an armed robber within minutes of the crime in Statesville. A masked man demanded Quaalude and Dilaudid tablets from the pharmacist Jim Patterson, and threatened the store manager and customers with a revolver. He ran from the store with the drugs and was chased by the store employees and others from nearby stores. The citizens posse followed the man to an apartment where local police arrested a suspect, who said he was very nervous because he had not taken any Quaalude or Dilaudid and had no money to buy any. He was held in the Iredell County Jail under \$100,000 bond.



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## PHARMACIST KIDNAPPED

Dan McCrimmon, Pittsboro pharmacist, was abducted at gunpoint from McCrimmon's Drug Store, Monday, October 29.

Shortly after 4 p.m., a stranger entered the store and approached McCrimmon, demanding Valium, all the while keeping his hand in his pocket, apparently holding a pistol. After McCrimmon gave him the drugs, the robber ordered the pharmacist to accompany him outside the store, and as they passed the fountain, McCrimmon told the clerk he was going out for coffee.

Since the fountain served coffee, the clerk suspected McCrimmon was being forced to leave. She watched them get into a car and drive off, and then called the Chatham County Sheriff's Department with a description of the car and the license plate number. About ten minutes later the car was spotted by officers of the Sheriff's Department and the Highway Patrol, parked off the road five miles north of Town. McCrimmon and the robber were seen walking toward the woods and ordered to halt. The robber was arrested without resisting and McCrimmon returned to the drug store after being checked by a local physician. McCrimmon commented he was afraid he was going to be shot when he was told to walk into the woods. The bandit was placed under \$100,000 bond.

## ROCHE WINS RULING

A Consent Judgment in favor of Hoffmann-La Roche Inc. was signed and entered today by Judge H. Curtis Meanor of the U. S. District Court of New Jersey. The judgment permanently prevents Pharmadyne Laboratories, Inc. of New Jersey from engaging in unfair competition with Roche by manufacturing and selling products which imitate the distinctive trade dress of Roche's Bactrim (<sup>TM</sup>) brand product containing sulfamethoxazole and trimethoprim. Specifically, Pharmadyne is permanently enjoined from producing and marketing sulfamethoxazole and trimethoprim products in the form of green or white elliptical tablets and/or pink oral suspensions which are confusingly similar to the trade dresses of Roche's Bactrim product.

The judgment follows a complaint filed on August 22, 1980. In the civil action, Roche alleged that Pharmadyne had engaged in unfair competition with Roche by copying the trade dresses of Roche's Bactrim product for their own non-FDA approved sulfamethoxa-

zole/trimethoprim products and by promoting and marketing these products or equivalents of Roche's Bactrim product, thereby unlawfully trading on Roche's reputation and goodwill.

## BICKET PROMOTED AT N. C. MEMORIAL HOSPITAL

William J. Bicket has been named director of ambulatory care at N. C. Memorial Hospital effective January 1, 1980. Bicket has served as director of pharmacy services since 1975. As director of ambulatory care, he will have administrative responsibility for the hospital's outpatient services, including approximately 160 clinics, which are expected to record more than 250,000 patients visits in 1980.

He is a 1952 graduate of the University of Illinois and is concluding a term of office as a trustee and member of the board of directors of the American Pharmaceutical Association. Bicket is also a member of the American Society of Hospital Pharmacists, the North Carolina Society of Hospital Pharmacists and the North Carolina Pharmaceutical Association, where he serves on the Committee for National Legislation.

Bicket's appointment fills the vacancy created when James Albright resigned to become associate director of Moses Cone Hospital in Greensboro.

*Remember the Day  
...in Pictures*



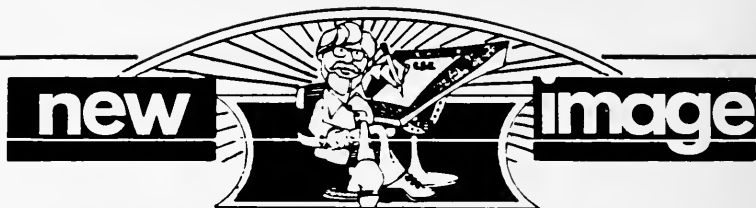
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## LOCAL NEWS

### RED SPRINGS

Reid Grantham, sixth and last of the pharmacists in the Grantham family, has retired and sold Red Springs Drug Co. to Jim Cash and William F. (Dusty) Rhodes, III. The six Grantham pharmacists are: George K. Grantham, Sr., Dunn; Hiram Grantham, Sr., Red Springs; Lewis Irving Grantham, St. Pauls; George K. Grantham, Jr., Dunn; Leland Parrish, Rocky Mount; Reid B. Grantham, Red Springs.

### ENFIELD

Brink Roberson has begun working at Harrison Drug Company, leaving a similar position with Almand's Drug Store in Rocky Mount. Roberson is a 1974 graduate of the UNC School of Pharmacy.

### WASHINGTON

Don Hamilton was the speaker at the Washington Lions Club, Tuesday, November 25. He explained the Proposed Pharmacy Practice Act and led a discussion about generic drug products. Members of the Williamston and Belhaven Lions Clubs also attended the meeting.

### VASS

Cooper's Pharmacy in Vass was opened September 2, 1980 by Lewis N. Cooper. A native of Cameron, also a Moore County community, Cooper is a 1972 UNC School of Pharmacy graduate. He was formerly employed at the Medical Center Pharmacy in Pinehurst.

### DRUG STORE FOR SALE

Own the drug store business in a modern medical office building housing eight doctors. Lovely western N. C. mountain resort town with good economy. Twenty-three hundred square feet space for rent. Owner may help financing. Jack Dickerson, M.D., 1600 N. Main Street, Waynesville, N. C. 28786, 704-452-5101.

### WILLIAMSTON

The Northeastern Carolina Pharmaceutical Society held their annual Christmas meeting at the Holiday Inn in Williamston, N. C. on Wednesday evening December 10, 1980. President Eleyse Griffin presided over the meeting. After an enjoyable meal and program the selection of officers was made for 1981.

J. Howard Garrett, District Manager for Peoples Drug Stores, from Elizabeth City will be President.

Charles E. Woodard, Owner of Woodard's Pharmacy, from Hertford will be Vice President.

James B. Bryant, Pharmacist at Mays Drug Store in Washington, N. C. will be Secretary-treasurer.

Approximately 48 were in attendance.

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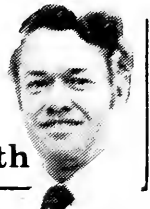
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# Script

## DEAN'S MESSAGE

### SEASON'S GREETINGS

Once a year we have the opportunity to say Merry Christmas and to wish everyone a Happy New Year! As we look about us, one might ask, "What is going to be so Merry about Christmas this year?" "Can we really expect a Happy New Year?" I need not reiterate what leads me to ask these questions.

Yet, we spend less of our personal income for food and drink than any other nation. For example, the U. S. residents spend 13.6%, whereas in Japan the percentage is 23.3%; United Kingdom, 19.3%; France, 20.1%; USSR, 34%; Panama, 43.7%. Thus, we're comparatively not too bad off.

At the School level, we continue to do our best with a minimum budget with increasing needs and threatened decreased extramural resources. From my perspective, however, we are better off than many; and in terms of our people resources and our potential, we are indeed richly blessed.

I want to take this opportunity not only to bring season's greetings and indeed wish all of you a Happy New Year, but I also want to express my appreciation to the dedicated faculty and support staff and the pharmacists across the state who have given of their time, talents, and resources. As we celebrate one hundred years of pharmacy education at The University of North Carolina at Chapel Hill, I am thankful for the past contributions of many whom I will never know. If anything can be learned from history, however, it is that we must look and plan for the future. In this light, it is up to every one of us to make 1981 a Happy New Year and, moreover, to make the first year of a new century of progress for your School the best ever.

Let us make it a Merry Christmas and a Happy New Year!



Dean Tom S. Miya

## PHARMACY STUDENT WRITERS

*The following article is the first in a series of articles selected for publication in Script from papers written by 3/5 students in Pharmacy 21—Drugs, the Pharmacist, and the Health Care System. Opinions expressed in the papers are by no means selected as an official stance of the School of Pharmacy, but are chosen for their style, information, and quality of writing.*

### COMPUTERS IN PHARMACY

by Loreese Lancaster 3/5

"I think I'd give up pharmacy before I would the computer." These are the words of Larry Stovall, a pharmacist from Scottsville, Kentucky. He owns an IBM Series/1 with QS-1 Pharmacy system. In an interview with *American Pharmacy's* Joan Welch, he had only favorable comments about his computer such as, "I used to do medical expense summaries by hand. Now the computer takes about eight hours to do 5,100 medical expense summaries while I'm at home. We do all the insurance forms in about ten minutes every two weeks. Most pharmacies have a net profit figure of 3%. Mine is approximately 16%, and that speaks for itself."<sup>1</sup>

"There are numerous advantages in using a computer in pharmacy. The clerical functions such as printing a label, recording refills, and producing third party claims are the easiest to automate and produce the most dramatic gains in production for the least cost.<sup>2</sup> The more prescriptions received daily, the more attractive automation becomes.

Listed below are some of the positive points of using a computer that were stated during a conference on computer-based information systems in the practice of pharmacy:

1. Reimbursement delays could be significantly reduced.
2. Myriads of paperwork will be eliminated.
3. The cost of processing third-party claims should be reduced.
4. Patient profile records are maintained.
5. Drug action and compatibility can be monitored.
6. Patient eligibility can be instantaneously established.

7. Inventory control may be maintained in the computer.
8. Accounts receivable. The pharmacist may, through the same equipment operate his charge system, and have his billing done through the computer.<sup>3</sup>

With facts such as these, it is easily seen how computers can be of great service to the pharmacist in saving both time and money. The real concern though, is the patient. Not only would a reduction in processing time allow more pharmacist-patient contact, but the patient would benefit from the stored pharmaceutical knowledge of the computer. The Family Practice pharmacy within the Family Practice Center at the Medical University of South Carolina uses a computer in its outpatient and record keeping system. When a pharmacist is presented with a prescription, he processes it in the computer which checks for:

1. Overlap with medications currently on the patients computer stored profiles.
2. Allergy-using sensitivity information from the patient's medical record.
3. Interaction.
4. Compliance with Drug Enforcement Administration regulations.<sup>4</sup>

The idea of owning and using a computer may seem rather complicated to some, but pharmacists should become familiar with what computers have to offer and realize their potential. A pharmacist has existing work skills and patterns which are readily adaptable to computerization: he can type and thus cope more easily with keyboard based computer terminals, his routine prescription filling sequence is logical and orderly, and he is accustomed to dealing with administrative and financial details of business.<sup>5</sup> Formerly computers were a concept for the future, but that future is now, and pharmacists are beginning to take advantage of what computers have to offer.

### REFERENCES

1. Welch J: Trials and tribulations from the pharmacist's experience, *American Pharmacy* 20:44 (Mar) 1980.
2. Sieker BR: Computers for pharmacy sur-

(Continued on Page 29)

## WITH THE FACULTY

By Jan Boyt 4/5

Dr. Hani Sadek of the Div. of Pharmaceutics attended the International Pharmaceutical Exhibition "Interphex, USA" in New York City in September. While there, he presented a paper entitled "Determination of Water Adsorption Isotherms of Hydrophilic Polymers," coauthored with Dr. James Olsen. This paper has been selected to be published in *Pharmaceutical Technology*.

Dr. Robert Shrewsbury, Asst. Professor, Div. of Pharmaceutics, in collaboration with Foster, T. S., and Coonrod, J. D., published the article "Bioavailability and Pain Study of Cefamandole Naftate" in *J Clin Pharm*, Vol. 20, No. 8-9 (1980). He also attended the U. of Kentucky College of Pharmacy Post-Graduate Research Conference in October.

Patsy S. Huff, Clinical Instructor, Pharmacy Practice Div., has published "Safety of Drug Therapy for Nausea and Vomiting of Pregnancy," in *J Fam Practice*, Vol. 11, No. 6 (Nov. 1980).

Several members of the staff of the Pharmacy Practice Div. attended the North Carolina Hospital—Clinical Pharmacy Seminar held in Raleigh Nov. 6-8. Those presenting topics included:

- G. David Rudd, M.S. Asst. Professor of Clinical Pharmacy, "Childhood Poisoning";
- J. Robert Powell, Pharm.D., Assoc. Professor of Clinical Pharmacy, "Therapeutic Drug Monitoring of Theophylline"; and "Clinical Pharmacokinetics" Workshop;
- Peter S. Gal, Pharm.D., Clinical Instructor, Greensboro AHEC, "Therapeutic Drug Monitoring of Anticonvulsants";
- Fred Eckel, M.S., Professor and Chairman, Div. of Pharmacy Practice, chaired this seminar.

Jean Paul Gagnon, Ph.D., Professor of Pharmacy Administration, attended the 9th Annual Pharmacy Law and Management Conference in Orlando, Fla., in November, where he presented the paper, "Determination of a Fee."

B. Wesley Hadzija, Ph.D., Assoc. Professor of Pharmaceutics, attended the APhA

Academy of Pharm. Sciences, held in San Antonio, Texas, in November.

Albert M. Mattocks, Ph.D. Professor of Pharmaceutics, attended the U. of Pittsburgh School of Pharmacy Invited Lecture Series, and presented the paper "Evaluation of a Peritoneal Dialysis Accelerator" in November.

A. Wayne Pittman, Div. of Pharmacy Practice, attended the International Pindolol Symposium in Miami in October.

Dean Tom Miya attended the NAS Assembly of Life Sciences Toxicology Information Committee meeting in November. He is completing a four-year term, the last two of which

(Continued on Page

## DRUG INFORMATION REPORTS

### Pyrantel Pamoate Going OTC

The Advisory Review Panel on OTC Miscellaneous Internal Drug Products has recommended, and the FDA has tentatively agreed to the movement of pyrantel pamoate from prescription only to non-prescription status (Federal Register, 1980, 45:59540-59548). This action will allow pharmacists to recommend and patients to obtain safe and effective, single dose treatment for pinworm infestation without a prescription. Pyrantel pamoate is also effective for the treatment of roundworm (*Ascaris*) infestation; however, the Panel concluded that due to the potential seriousness of such infestations, diagnosis and treatment should be under the supervision of a physician.

As with OTC hydrocortisone, the FDA has reserved the right to reverse its present position before the publication of the final OTC Anthelmintic Drug Monograph. Piperazine citrate, another common anthelmintic, was reviewed by the Panel, but OTC status was denied because of the neurotoxicity which has been associated with the drug. Mebendazole and pyvinium were not submitted by companies for consideration by the Panel.

For further information, contact David Rudd, M.S., Assistant Professor, Division of Pharmacy Practice.

## BOTH FEET ON THE GROUND

Many of you may have met Carla Shuford who has been working in the Office of Student Affairs for the past three and one-half years. Most of her work is in the area of admissions and recruitment for pharmacy. And if you haven't actually met her, you've probably noticed the "human dynamo" moving briskly through Beard Hall on her double crutches.

For over 22 years, Carla has been an amputee who lost her left leg at the hip due to bone cancer. But you surely wouldn't call her "handicapped." "One leg and a pair of crutches are, however, 'an inconvenience'," as she puts it. So for the whole 22 years Carla has been searching for a prosthesis which could help her specific problem—hip disarticulation. This particular surgery leaves no muscle, bone, or joint to attach a limb to.

Finally, Karg's Prosthetics Co. in California provided the answer. Carla's new leg arrived in time for Thanksgiving. In fact, she now has two new legs: one, a cosmetic limb which feels almost real and will bend at the joints; and a second "peg" leg for wearing around the house.

"It's the little things that are really exciting," says Carla. "Now without double crutches, everything is easier—housework, gardening, hugging, wearing a shoulder bag . . . You just can't know the feeling of both power and freedom, just to pick up my new left foot and squash an acorn!"

## COMPUTERS IN PHARMACY

*continued*

vival technology?, American Pharmacy 20:23 (Mar) 1980.

3. Proceedings: Conference on computer-based information systems in the practice of pharmacy, Chapel Hill July 19-21, 1971.
4. Braunstein ML, James JD: The emerging role of the computer in community pharmacy, Journal of Family Practice 7:1231-1232 (Dec) 1978.
5. Brown VJ, Sommers EB: Prescription record systems: A survey, Journal of the American Pharmaceutical Association 13:345 1973.



**Carla Shuford and friend**  
(Photo by Linda Hollowell)

## WITH THE FACULTY *continued*

he was chairman. Dean Miya also served on the Am. Council Pharm. Education Accreditation Comm. for the U. of Cincinnati Medical Center. He has recently been appointed to the Toxicological Advisory Board of the Crayon, Watercolor and Craft Institute.

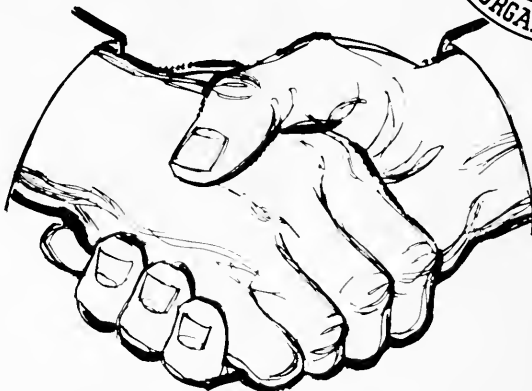
Hall, I. H., Holshouser, M. H. and Loeffler, L. S., recently published the paper, "Effects of *cis*-Malonato—diammino Platinum (II) on P-388 Lymphocytic Leukemia Cell Metabolism" in *J Pharm Sci*, Vol. 69, No. 10, (Oct. 1980).

Raymond Jang, Ph.D., Div. of Pharmacy Administration, attended the AACP/Lilly Invitational Conference on Communications in Kansas City in November. While there he presented the paper, "Communications Competencies from the Perspective of Pharmacy Administration." Dr. Jang also attended the Academy of Pharmaceutical Sciences 29th Nat'l Meeting in San Antonio. He presented "Services in N. Carolina Community Pharmacies as Compared with AACP/APhA Standards of Practice."

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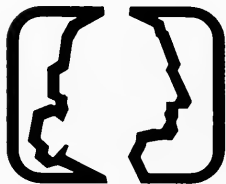
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## BIRTHS, MARRIAGES AND DEATHS

### MARRIAGES

*Helen Marie Catoe and Benjamin Scott Dinkins* were married Sunday, November 9 in the Macedonia Baptist Church, Monroe. The Rev. Robert Latta officiated.

The bride and the groom are both graduates of the School of Pharmacy, University of North Carolina at Chapel Hill, Class of 1980, and are employed as pharmacists by Eckerd's. The couple will live at Route 5, Monroe.

*Miss Janice Owen McKinne* and Mr. William Winson Davis, Jr. were united in marriage Saturday afternoon, November 29, 1980 in St. Paul's Episcopal Church, Louisburg, N. C. The Reverend George A. Magoon officiated at the double ring ceremony.

The bride is a graduate of the School of Pharmacy of the University of North Carolina at Chapel Hill and is a registered pharmacist at Randolph Hospital in Asheboro. The groom attended East Carolina University and is an account executive with Sony Corporation of America. The couple will make their home in Asheboro.

*Miss Rena Emily Murrell* of Winston-Salem and Edwin Neil Brower, III of Columbia, S. C. were married Saturday, November 22 at St. Paul's Episcopal Church in Winston-Salem, N. C. The Rev. Dudley Colhoun and the Rev. Frank Dew performed the double ring ceremony.

The bride is a graduate of the School of Pharmacy of the University of North Carolina at Chapel Hill and was employed as a pharmacist at Bobbitt's Pharmacy in Greensboro. The groom graduated from the University of North Carolina at Chapel Hill with a B.S. degree and is employed as a pharmaceutical representative with William H. Rorer, Inc. The couple will reside in Columbia, S. C.

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### BIRTHS

Mr. & Mrs. Gerald Evans (*Tina Houser, Class of 1968*), Marshville, announce the birth of a son, Michael Houser, on November 25, 1980. Michael and his brother Jeffrey are grandsons of Mr. & Mrs. W. H. Houser, Jr. of Cherryville (UNC School of Pharmacy graduate of 1924).

Mr. & Mrs. William T. Sawyer of Charlotte announce the birth of their first child, a daughter Joy Frances Sawyer. She was born on August 8, 1980 and weighed 8 lbs. 4 oz.

### N. C. PHARMACISTS NAMED TO NARD COMMITTEES

Jesse M. Pike, Sr., President of the National Association of Retail Druggists, has named the following North Carolina Pharmacists to 1980-81 Standing Committees of NARD: Eugene W. Hackney, Lumberton—Committee on National Legislation and Government Affairs; W. Whitaker Moose, Mt. Pleasant—Committee on Interprofessional Relations; Marshall Sasser, Smithfield—Committee on Consumer Affairs and Public Relations; H. Shelton Brown, Cary—Committee on Third-Party Payment Programs; Banks D. Kerr, Raleigh—Vice Chairman, Committee on Merchandising and Management.

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### STAFF PHARMACIST NEEDED

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### PHARMACIST AVAILABLE

Candice B. Teeter, Class of 1970, available to do relief work in the Raleigh area. Also interested in permanent part-time position. Contact: Candice B. Teeter, 504 Milbrook Road, Raleigh, NC 27609. Phone: 919-787-4186.

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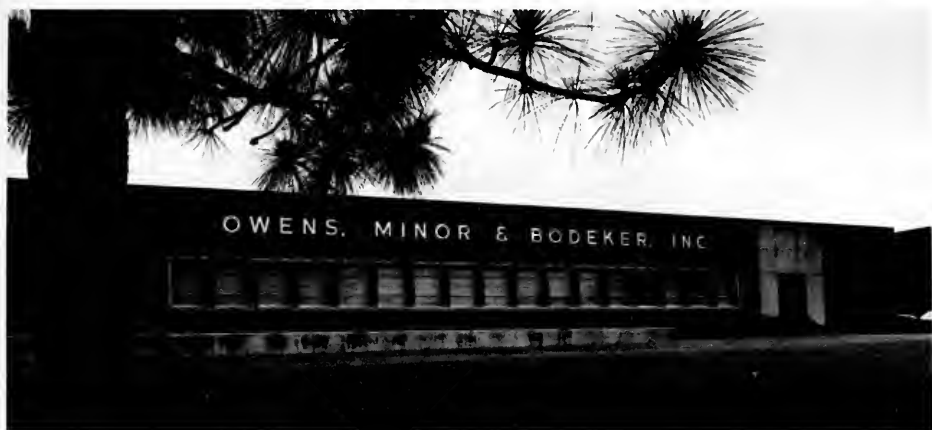
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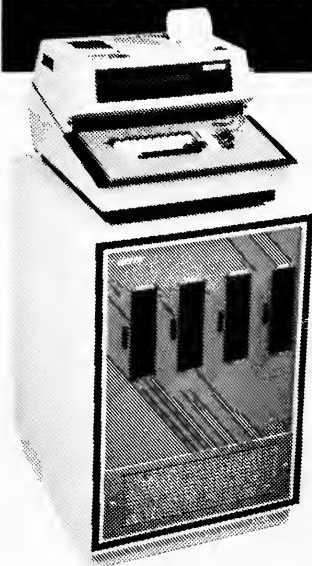
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